MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00811

	ECEASED-NAME Fir ype or print) WAL	TER	Middle	AL	Lost EXANDER	2a. DATE OF DEATH Mont	7. 1968	Yeor	2b. HOUR 8:30 AA
3. SE	X MALE	4. RACE WHITE		S.	DATE OF BIRTH 0/25/76	The second secon	In years IF	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
caun	0.5.	7b. CITIZEN OF WE	S.	WIDOWED [9. COUNTY OF DEATH DORCHESTER			M
UR	AL CAMBRIDGE	give s E A	ME OF HOSPITAL OR INS treet address) STERN SHORI	STATE	HOSPITAL	IAL OCCUPATION (Kind of nost of working life, even Farmer	if retired.)	12b. KIND OF E INDUSTRY Far	SUSINESS OR
admi	USUAL RESIDENCE (Where dece ission) STATE Mo.	1 12b COUNTY	an: Residence before	PRESTO	VPC -	I3e. STREET AND RT - 2	NUMBER		
14, F	FATHER'S NAME First ALBERT ALEXA	Middle MDER	Last	15. /	OTHER'S MAIDEN NAME Ur	first 1known	Middle		Lost
	WAS DECEASED EVER IN U.S. A les, no, or unknown) (If yes gre	RMED FORCES? e wor or dates of service)	16b. SOCIAL SECURITY N - None	0. 17, INF	DRMANT HOSPITAL R	ECORDS	Address		
TION	Conditions, if any, which governed to immediate cause (a) stating the underlying caus last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR A	S A CONSEQUENCE OF	T RELATED TO T				DERED IN CE	PTIEVING
FIG	190. DATE OF OPERATION 19	D. CONDITION FOR WH	TOT EXAMINE THAT I EN	O CHANGE		CALISES OF DEAT			KIII TINO
MEDICAL	210. ACCIDENT WAS UNDERLY DR CONTRIBUTING CAUSE OF D (If either, notify medical exor 21d. INJURY OCCURRED While Not while at wark 22a. L certify that (1) (PING 21b. TIME OF HOUR A.M. HOUR A.M. P.M. e. PLACE OF INJURY (this haspital) attention and the properties of the proper	INJURY Month Doy Yeor 19 AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	21c. HOW ORY.) 21f. LOCA	YES NO INJURY OCCURRED (Ent	CAUSES OF DEATI	1 or Part 2, Item	aunty	Stote

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral 30W

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or ottending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEPTIFICATE OF DEATH

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- 1				CERTIFICA	HE OF PEATH			0,00.	r. r.w
		EASED-NAME First pe or print)	1 6 -	0	Lost	2o. DATE C		ay Year	2b. HOUR
		Eliza	beth dane	Bel		0	van. 16	1968	P-P
1	3. SE		4. RACE		DATE OF BIRTH	1000	6. AGE (In years last birthday)	MONTHS DAYS	HOURS MH
ŀ	7 D	remale	White	-1-	SEPY. 29,	1877	90 YRS		
	raun	RTHPLACE (Stote or foreign	76. CITIZEN OF WHAT COUNTRY?		NEVER MARRIED DIVORCED	9. COUNTY O	4 /		
ŀ	10 0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	WIDOWED W		-	Chester N (Kind of work done	12b, KIND OF	BLICINESS OB
ļ	de	urlock Mds	21643 give Albert oddress) Lac	renNur	sino Hose	Arus	g life reven (retired.)		DOJINEJJ (JK
	13a. admi:	JSUAL RESIDENCE (Where deceoration) STATE	sed lived, if institution: Residence before 13b. COUNTY Jomers	A Mario	V-1 / _	IMITS? 13e. 5	TREET AND NUMBER		
	14. F.	oten Phil	Vin Hollmenn	15.	nother's maiden name	111	no herte	7	Lost
ľ		WAS DECEASED EVER IN U.S. ARI s, no, or unknown) (If yes give v	MO FORCES?/ 16b. SOCIAL SECURIT wide or dates of sativite) 3/7-54		ormant Mrs. Anna B	,	Address	arion Sta	ation.
ľ			nly one couse per line for (o), (b), and	(c).)					IATE INTERVAL
١		PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (a) O P G	emia				3 da	43
١		400 X	DUE TO, OR AS A CONSEQUENCE	OF a	- 1 20				
ı		Conditions, if any, which gove rise to immediate cause (a),	(D)		riolar Ne	hhros	clerosin	5 4	12-0.5
١		stating the underlying cause		OF					
ı		ost. 446 x	(c)						
١		Senil Senil	NDITIONS CONTRIBUTING TO DEATH BUT	NOT KELATED TO	THE TERMINAL DISEASE OK	CONDITION GIV	EN IN PAKI I(a)		
1	TION		CONDITION FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY?	20b.	IF YES, WERE FINDINGS	CONSIDERED IN CE	RTIFYING
l	CERTIFICATION				YES NO		ES OF DEATH?		
l	MEDICAL CER	210. ACCIDENT WAS UNDERLY!! OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exomi	TH HOUR A.M. Month Day Ye	21c, HOV	INJURY OCCURRED (Ente	er nature af in	ury in Part 1 or Port 2	, Item 18.)	
			. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	17	ATION Street or R.F.D. No.	o. Cit	y or Town	County	Stote
		22a. I certify that (1) (the	nis haspital) attended the decedulive an January	19 G 5. and	that in (my) (aur) ap	inian death	accurred on the o	9 <u>68</u> , that late and hour o	(I) (we) k
ı			e, (I) (we) (did) (did not) view th	ie bady after de	ath.			DATE OF THE PARTY	
			to Barro	MD DEGREE	PHYS.	MED. DIRECTOR	STAFF D	ahuay 1	6196
	_	22d. PHYSICIAN'S NAME (Type)	LOS F BARROS		1220. ADDRESS		Md		
ľ	23a.	Designation of t	DATE 23c NAME of Rehot	of CEMETERY OR CO	REMATORY 1. Cemetery		(ION (City or Town) obeth	(County) Somerset	(Stote) Md.
	24.	UNERAL DIRECTOR	ADDRE	255	2Sa. REC'D	BY REGISTRAR	2Sb. REGISTRAR	'S SIGNATURE	
1		Tealu	R. Wilson - Somer	set Cour	TTY MO POATE 1 A	1109	och my	anda. Osea	Lake

\$. BOA STEED TO YOUR LINES. Elizabeth share ISM - cran It had Family White Sept 29 877 90 -- U.S.A. Dorche shire Partie P. Lavers Path Haven My worther Here's wife . Mit Smerset Parinthin John Hilly Hollinger Pary and hours herby 21/254-5906 on town to sand Live in language contage, LE L'A THOMAS AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT ASH TO THE STORY OF THE STORY O In the second of the second state. Edde Common Hollow Middle House There is not the contract of the second of t The second state of the second second to the second second

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00813

(1	ECEASED-NAME First Type or print) MAGDA	LENA	Middle WEHRLE		EELL EELL		20.	DATE OF	Month	Dey	1988	26. HOUR 8
3. SE	Female	4, RACE	hi.te		S. DATE OF E	10, 1	890		6. AGE (In y last hirthar		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	BIRTHPLACE (State or foreign ntry) Maryland	76. CITIZEN OF WI		B. MARRIED WIDOWED	NEVER MA	ARRIED	9. COI	Dor	Chest Chest	er		M
(city or town of death Cambridge	give	AME OF HOSPITAL OR INS street address) 304 Belvec	iere At	renue		mast of		Kind of war ite, even if r		12b. KIND OF INDUSTRY	BUSINESS OR
	USUAL RESIDENCE (Where decearission) STATE Mc	13b. COUNTDO	tion: Residence before	Cambi		YES X			BOLVE		Avenue	
14. 1	FATHER'S NAME First August	Middle	last Webr		. MOTHER'S N		First	na.	N	Middle		Last
16a.	WAS DECEASED EVER IN U.S. ARI	MED FORCES? war or dates of service)	16b. SOCIAL SECURITY 212-05-7	799 M	NFORMANT Jos	. Kerr	, 30)4 Be	Lvede	ddress	ve., Car	mbridge Md.
	Canditians, if any, which gave rise to immediate cause (a),	n l	AS A CONSEQUENCE OF		est C	111)	<u>-</u>	//	OT		acu	~-
	stating the underlying cause last. 4334 PART 2. OTHER SIGNIFICANT CO	CONTRIBU	100	OT RELATED TO	O THE TERMIN		0					
TIFICATION	stating the underlying cause last. 4 3 3 / PART 2. OTHER SIGNIFICANT CO	(c)		ot related to		IAL DISEASE C	DR CONDITI	ON GIVEN	IN PART 1(a)	ONSIDERED IN CE	RTIFYING
MEDICAL CERTIFICATION	stating the underlying couse last. PART 2. OTHER SIGNIFICANT CO 19a. DATE OF OPERATION 19b. 21a. ACCIDENT WAS UNDERLYII OR CONTRIBUTING CAUSE OF GEAL (11 either, notify medical examination of the country of the	DUE TO, OR (c) (c) NDITIONS CONTRIBU CONDITION FOR WHO NG 21b. TIME O TH HOUR A.M. P.M.	OTING TO DEATH BUT NO CLASSICAL SECTION WAS DE	OT RELATED TO Slack RFORMED	O THE TERMIN	OPSY? NO	DR CONDITI	20b. 1F CAUSES	IN PART 1(a YES, WERE FII OF DEATH?	ndings co		RTIFYING
3	stating the underlying couse last. PART 2. OTHER SIGNIFICANT CO 19a DATE OF OPERATION 19b. 21a. ACCIDENT WAS UNDERLYII OR CONTRIBUTING CAUSE OF OEA (11f either, notify medical exami) 21d. INJURY OCCURRED While at wark at wark 22a. I certify that (I) (the saw the deceased couses stated above.	DUE TO, OR (c) (c) (d) (d) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	ITING TO DEATH BUT NO CLASSICAL CONTROL OF THE MAN STREET, FAIR OFFICE BUILDING, ETC.	ot related to slade a state of the slade of	206. AUT YES OW INJURY OF	OPSY? NO CCURRED (Er	DR CONDITI	20b. IF CAUSES e af injury	IN PART 3(a) YES, WERE FII OF DEATH? y in Part 1 au ar Town	nDings co	County County te and haur o	State (1) (we) la
3	stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO 19a. DATE OF OPERATION 19b. 21a. ACCIDENT WAS UNDERLYII OR CONTRIBUTING CAUSE OF OEA (If either, notify medical exami 21d. INJURY OCCURRED While Not while at wark 22a. I certify that (I) (the saw the deceased of causes stated above) 22b. SIGNATURE	DUE TO, OR (c) (c) (d) (d) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	OTTING TO DEATH BUT NO CLOSE OF INJURY Month Day Year 11 (AT HOME, FARM, STREET, FAM OFFICE BUILDING, ETC. ended the decease (did not) view the	ot related to slade a state of the slade of	O THE TERMIN 206. AUT YES COW INJURY OF COMMENT OF COMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COM	OPSY? NO CCURRED (EI PHY) (QUE) C	nter natur No. Appinian MED. DIRECTO	20b. IF CAUSES e af injury City deoth a	IN PART 1(a) YES, WERE FII OF DEATH? In Part 1 au or Town CCURRED ON STAFF PHYS.	nDings of Part 2, I	County	State (1) (we) la

ded ... O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Uperal TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours off Page 4 may be retained by the haspital or attending physician. JOM REV

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	ECEASED-NAME	Fir	st	Middle		Last	20. [DATE OF DEATH			2b. l	HOUR
(Type ar print)	CHET	MALE	Anneaure	Page	rM		Month	I 7	Year 68		M
3. S	FY	GUSTA	4. RACE	ADOLPHUS	BROI	S. DATE OF BIRTH		6. AGE (In		IF UNDER 1 YEAR	I IF UNDER	24 HRS.
13. 3								last birth	iday)	MONTHS DAY	S HOURS	ANN.
	MALE			ITE	1.	02-12-77	1	90	YRS,			
	BIRTHPLACE (State of the state	ar foreign	7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COU	NTY OF DEATH				
(90	MARY	AND	USA		WIDOWED	DIVORCED [Do	RCHESTER				Md
10.	CITY OR TOWN OF			11. NAME OF HOSPITAL OR give street address)	/	duri	USUAL OCCU	JPATION (Kind of w varking life, even i	ark dane f retired.)	12b, KIND (INDUSTRY	OF BUSINESS	OR
	CAMBRID		24	EASTERN SH		TE HOSP	UNEMP	LOYED				
	nission) STATE		ased lived, if i	nstitution: Residence befor INTY	11	YES		13e. STREET AND N				
-		RYLAND.		LEGT	EASTO	2		7PLUM				
14.	FATHER'S NAME	First	Mi	ddle Lost	.19	. MOTHER'S MAIDEN NA	AME First		Middle		Last	
		ALDOLA	1115	BROWN		Louis		ANNE		THOMA	9	
160	. WAS DECEASED	EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECURI	TY NO. 17. I	NFORMANT			Address			
	Yes, na, ar unknav N O	/n) (If yes gn	re war or dates of sen	579-05-1	654A RI	CORDS OF	THE EA	STERN SH	ORE ST	TATE_H	OSPIT	LAI
			anly one couse	per line far (a), (b), and						APPRO	OXIMATE INTERV	VAL
		ATH WAS CAU	SED BY:	Din		nic				-	1045	
	446	IMME	DIATE CAUSE (a)	,	ump	riia	-			7 6	- F3	
	770	X), OR AS A CONSEQUENCE	OF							
	Canditians, if a											
	stating the un			O, OR AS A CONSEQUENCE	OF							
	lóst. 4.9			c)								
	PART 2 OTHER	SIGNIFICANT (NTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASI	E OR CONDITIO	ON GIVEN IN PART	l(a)			
	TAKE E. WITER	313(1) 164(1)							· (-)			
CERTIFICATION	19a. DATE OF OP	FRATION IS	A CONDITION F	OR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY?		20b. IF YES, WERE	FINDINGS CO	INSIDERED IN	CERTIFYING	G
2	I A. DAIE OF OF	LKARON 11	o, condition i	OK WINCH OF EXAMINING THE	TER Granes		· -	CAUSES OF DEATH				
RI							10 🗆					
E CE	21a. ACCIDENT			TIME OF INJURY C.A.M. Manth Day Ye		OW INJURY OCCURRED	(Enter nature	e of injury in Part I	or Part 2, It	tem 18.)		
MEDICAL	or contribution (If either, notification)			P.M. Manth Day Ye	19							
ME	21d INDIRY O	CHRRED 2	le. PLACE OF IN	JURY (AT HOME, FARM, STREET, DEFICE BUILDING, ETC.		CATION Street or R.F.	D. Na.	City ar Tawn		County	5	State
	While Not	Abittion		OFFICE BUILDING, ETC.	/		, -					
		wark - (1)	al. to the section	D -44 1 -1 411	- A	1551 19	10 (2.)	to Junuar	7 10	68 , th	at (1) (
	220. I certif	y mor (I) (this hospito	oftended the dece	osed from 1	that in (my) (our) opinion	donth occurred	on the de	to and hou	or (i) (w	re) las
	sow in	e deceased	unve on some	(did) (did nat) view th	ne hady ofter	d moi m (my) (our death) opinion (neom occoned	on the do	ie ona noc	n ana tro	ALTE 1516
	22b. SIGNATURE		(I/ (WE)	(GIO) (GIO HOI) VIEW II					22. [ATE SIGNED		
	ZZO, SIGNATUKE	Carl	n F	Rauso	IN Que	ATTENDING T	MED.	R STAFF		ruly	17.19	163
	22d. PHYSICIAN	7 4	-		- DEGI	22e, ADDRESS	DIRECTO	K - PHIS.	- 0 W	TOWN,	II. s.	00
	NAME (Typ	e) CAD	LOS F	BARROSO	MD	Hunk	W	Nd	1	Drock	will!	
_								1.6				
230	BURIAL, CREMA	ION, 23	b. DATE	23c. NAME	OF CEMETERY OR	CREMATORY	234	LOCATION (City or	lawal	(County)	State	61
1	SMOYAL (Spec	7	AN - 20			CEMETER		real X	Conk	5000	n on	10
24.	FUNERAL DIRECT	OR A	111.0-	ADOR ADOR	ESS C	Ind 250. B	ECD BY REGI		REGISTRAP'S	SIGNATURE	1	
0	Hervy	17.	Webs	en inv	essi	DATE DATE	JAN 2	3 1968	01/10	entitle !	LANGER	_

iours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Pages Within 72 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completel director, page 3 should be detached for use as the buriol-transit permit. Then please remove carb should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, and the state Dept. Page 4 may be retained by the haspital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

00815	DIVISION	OF VITAL RECORDS	CERTIFICA			NORE, MAR	YLAND 2120)1	0.0	815
1. DECEASED-NAME (Type or print)	First	Middle Henry	В	urke		Jan.	44 4	Doy :	1968	2b. HOUR
3. SEX Male	4. RACE Who	ite		. DATE OF BII	RTH 1,187		6. AGE (In years dest birthday)	-	ONTHS DAYS	HOURS MIN
7a. BIRTHPLACE (State or fore country) Aruno	on 76. CITIZEN OF U.	WHAT COUNTRY? S.	8. MARRIED WIDOWED		RIED 9.	Dorch	DEATH lester			Mo
10. CITY OR TOWN OF DEATH Cambridge		NAME OF HOSPITAL OR II					Kind of work of			BUSINESS OR
13a. USUAL RESIDENCE (Where admission) STAMPARY					YES NO	-	eer and number oute 50			
14. FATHER'S NAME First Fran	Middle 1k	lost Burke	10.00		IDEN NAME Firs		Midd		Davis	Last
16a. WAS DECEASED EVER IN 1 Yes, no, or unknown)	J.S. ARMED FORCES? yes give wer or dotes of service)	16b. SOCIAL SECURITY 213-01-		ORMANT SS Ed	lna P.	Burke	Addre		d. Md	
PART I. DEATH WAS 485 X Conditions, if ony, which rise to immediate cau- stating the underlying	CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, C 1 gave (b) 10 gave (c), (b)	R AS A CONSEQUENCE OF	elispr	un	~~************************************	e , l	heat			MATE INTERVAL ONSET AND DEATH
	rterio	IBUTING TO DEATH BUT I	~	THE TERMINAL			IN PART 1(a)	NGS TAN	Kinspen (N. f.	EDTIEVING
210. ACCIDENT WAS UN	DERLYING 21b. TIMI SE OF CEATH HOUR A.	OF INJURY M. Month Day Yeo M.	21c. HOW	YES 🔲		CAUSES	OF DEATH?			LEMITING

(County)

(State)

Nat while 22a. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an 1963, and that causes stated obave, (I) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and haur and from the 22b. SIGNATUR 22c. DATE SIGNED, ATTENDING PHYS.

DEGREE

22d. PHYSICIAN'S NAME (Type)

ADDRESS

sakambridge, Md.

22e. ADDRESS 610

23d. LOCATION (City or Town)

230. BURIAL, CREMATION REMOYAGE Specify)

23b. DATE Jan. 21, 1968 Dorchester Memorial

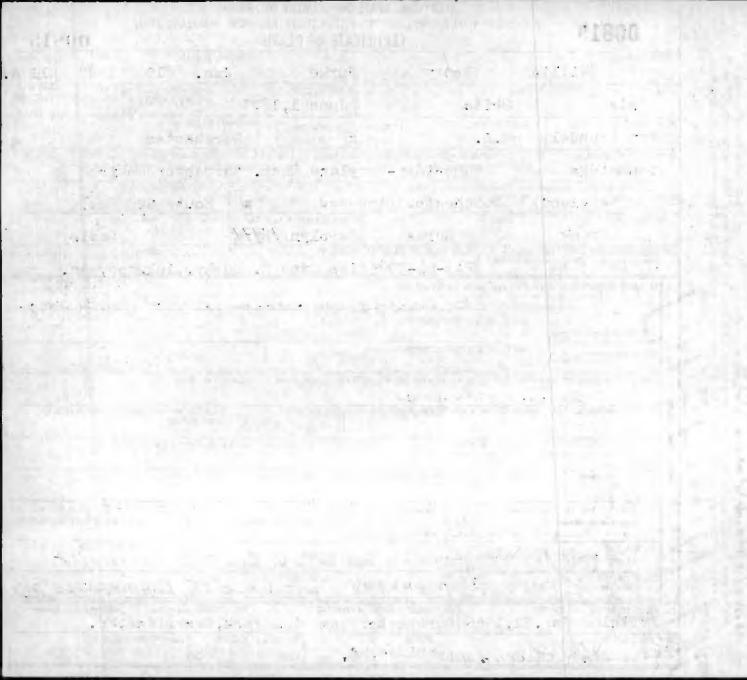
Park, Cambridge, Md. 25b. REGISTRAR'S SIGNATURE

VR A15 (4) ~ 30M REV. 1/68

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after deat

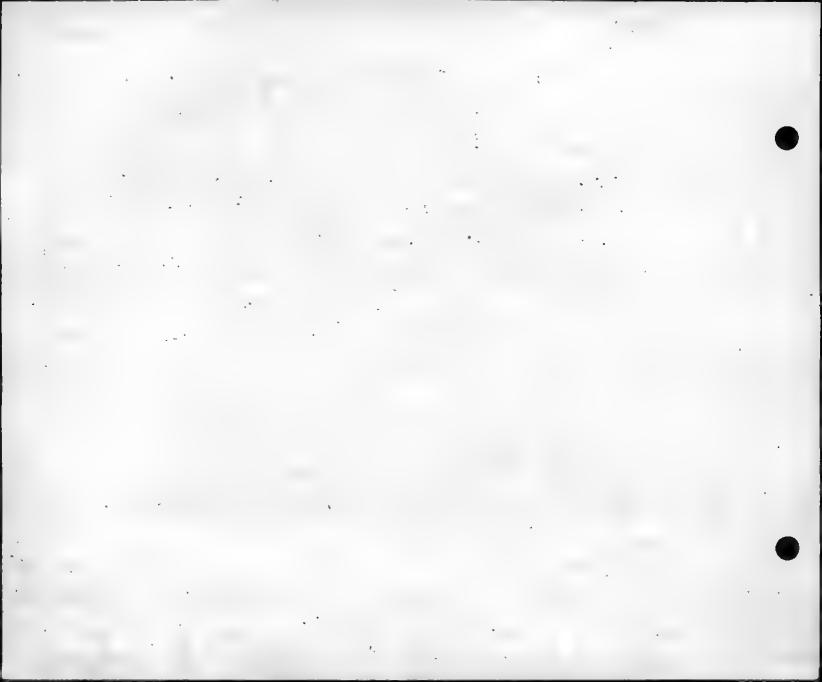


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00816HEALTH DEPT 1 DECEASED NAME 20 DATE KNOWN Month Day (Type or Print) Hubert Washington Cenhas DEATH MATED 6 AGE (In years 4 RACE S DATE OF BIRTH IF UNDER 24 HRS. 2c DATE PRONOUNCED DEAD 2d HOUR Day 20 Negro Male 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Md. USA Dorchester MIDOWED DIVORCED [Pones 10 CITY OR FOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspita after deoth 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Md. Hospital during most of working life, even if retired) Cambridge 130 USUAL RES DENCE (Where deceased rived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER deoth Cambridge YEST NO [] 631 High St. 14 FATHER S NAME 15 MOTHER'S MAIDEN NAME Edward Brown Mary E. Cephas pages 16d WAS DECEASED EVER IN U. S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT pencil be executed within (Yes, no, or unknown) 213-16-8976 Elizabeth Cephas 631 High St. Ves 18 CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY permit. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Hemorrhage DUE TO, OR AS A CONSEQUENCE OF forwarded to the Chief Candit ans, if any, which gove) 2 hrs. (a) Multiple injuries, severe rise to immediate cause (a) This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONFRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X NO should be 21c HOW INJURY OCCURRED (Enter nature of injury in Part or Part 2, tem 18) 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year PRIMARYX OR CONTRIBUTING HOURAM 15PMPM 1 Hit by hit and run driver. CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f .OCATION Street or R.F.D. No. City or Town County Street 5 may be retained for your o FUNERAL DIRECTOR: Page AT WORK AT WORK Chesapeake ct. Cambridge, Dor., Md. 22a. I certify that I took charge of the remains described above, held an Autopsy [X]. Inspect on [], Inquiry [], and in my apinion Natural causes , Accident X, Suicide , Hamicide death resulted fram. Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MED CAL EXAM NER John Mace Jr. ADDRESS(Street, city, town, or county) Cambridge. 23c NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION 23d LOCATION (City or Town) (County) REMOVAL (Specify) Waugh Cemetery Cambridge 25a REC'D BY REGISTRAR JOINERAL DIRECTOR 256 REGISTRAR S SIGNATURE agCambridge, Vd. VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 33817 00817 CERTIFICATE OF DEATH DECEASED NAME First Middle 20. DATE OF DEATH 2b. HOUR ond 2 (Type or pont) hristian sen HANS 4. RACE 6 AGE (In years IF UNDER I YEAR ofter ofter 3. SEX Poges lost b rthday) MONTHS I HOURS white MAle ión papers. Pog within 72 hours requires that the death certificate be executed within 24 hours 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED MEVER MARRIED signed by the ottending physician and completely filled in burial transit permit. Then please remove corbon papers. DIVORCED [WIDOWED [10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Merchant MATINE 130 JSUAL RES DENCE (Where deceased lived, if institution: Residence before CITY OR TOWN omotie 13b. COUNTY 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Lost 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address (18 yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c),) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if any, which gove ! rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20b IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES -NO DG 'O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part I or Port 2 Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R F.D. No. 21d INJURY OCCURRED 21a. PLACE OF INJURY City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital attended the deceased from APRIL 4, 1966, ta USUCHRY 4, 1968, that (I) (we) last saw the deceased alive on AUCHRY 2, 1968, and that in (my) (aur) apinian death occurred an the date and haur and from the ĝ causes stated above (1) (we) (did) (did not) view the bady after death. 226. DATE SIGNED STAFF PHYS DEGREE PHYS DIRECTOR 220. PHYSICIANS 22e ADDRESS NAME (Type) TASTERN rector, ъ 23b. DATE 23c NAME OF CEMETERY OR CREM 23a BURIAL, CREMATION (State) (Caucity) FUNERAL DIRECTOR **ADDRESS** 2Sa REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 30M REV 7/68 DATEJAN 1968 H.WATSON 40131=121



0.818

MARYLAND STATE DEPARTMENT OF HEALTH

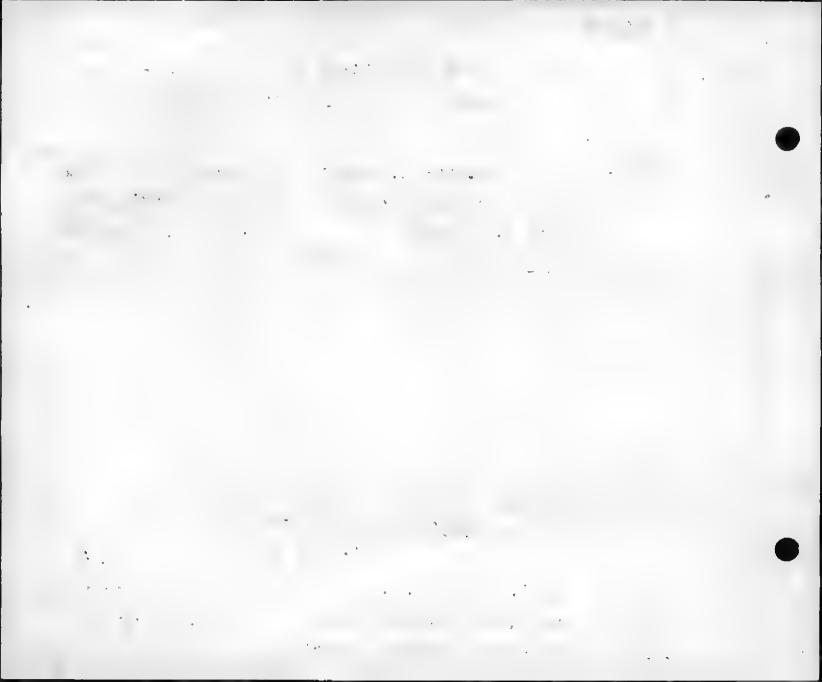
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00010			CERTIF	ICATE OI	- DEATH				0.0	081	N
	ICE	WRIGHT	C	LAYTON		2a.	DATE OF DEATH Jan	. 22 ^{Do}	1968 °°	21	b. HOUR
Female		/hite		S DATE OF	20, 19	02	6 AGE (II	years hday) YRS.	MONTHS D	AR IF UNI	DER 24 HRS
o BIRTHPLACE (State or foreign country) Penna .	7b. CITIZEN OF W USA		8 MARRIE WIDOWE	D NEVER M	ARRIED ORCED	9. COU	inty of death Dorchest	er			Mi
Cambridge	9E a	AME OF HOSPITAL OR IN street address) ambridge Mo	d. Ho	spital		Hou	UPATION (Kind of v working life, even ISOVILE	f retired.)	125 KIND INDUSTR HC	OF BUSIN	ESS OR
3a USUAL RESIDENCE (Where dece admission) STATE Md	ased lived, if institu 13b COUNTY	non, Res dence before Corchester	Camb:	ridge	YES T	NO 🗌	210 Gle	nburn	Avent	16	
4 FATHER'S NAME First W111	am S.	Wright		1S. MOTHER'S	MAIDEN NAME	First inda	?	Middle	Founts	in los	st
16o. WAS DECEASED EVER IN U.S. A Yes, no. or unknown) (11 yes give	RMED FORCES? e wor or dates of service)	16b. SOCIAL SECURITY	NO. 17	Mr. Ell	ison R	. Cl	ayton, C	Address ambri			
18. CAUSE OF DEATH (Enter (ine for (o), (b), and (c)	.)							PROXIMATE IN FEN ONSET AN	
	DIATE CAUSE (b) \overline{B}	ronchogeni		cinoma	<u> </u>					month	15.
Conditions, if any, which gave		AS A CONSEQUENCE OF									
rise ta immediate cause (a)	(0)	AS A CONSEQUENCE OF									
stating the underlying cause lost.		AS A CONSEQUENCE OF									
PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBI	JTING TO DEATH BUT N	IOT RELATED	TO THE TERMI	VAL DISEASE OF	R CONDITIO	ON GIVEN IN PART	1(n)			
- 1621								` '			
6	b. CONDITION FOR WI	HICH OPERATION WAS PE	RFORMED	20o. AU	TOPSY?		206. IF YES, WERE		ONSIDERED I	N CERTIFY	ING
				YES [□ № [20	CAUSES OF DEATH	?			
210 ACCIDENT WAS UNDERLY				HOW INJURY O	CCURRED (En	ter noture	e of injury in Port 1	or Part 2,	Item 18.)		
S OR CONTRIBUTING CAUSE OF DI	niner) P.M.	1	9								
While Nat while at wark of work		(AT HOME, FARM, STREET FA OFFICE BUILDING, ETC					City at Tawn		County		State
22a. I certify that (I) (saw the deceased causes stated abar	his hospital att alive an- ve, (I) (755) (did)	ended the deceas	ed from_ 19 <u>68</u> , c bady afte	10/2/ and that in (er death.	my) (sws) a	<u>67</u> , pinian (ta <u>1/22/0</u> death accurred	an the do	, ti ate and ha	hat (I) (iur and f	Fram the
22b. SIGNATURE	Klinga	~~		D. ATTEN		MED. DIRECTO	R STAFF	22c.	DATE SIGNED	58	
22d. PHYSICIAN'S UNAME (Type) Alfr	ed R. Mar	yanov, M.	D.	22e. A	610 Ra	ce S	it., Ca b	rid e	, Md.	216	13
Burian Ja	n 24, 19	58 Cambri	dge C	or crematory emeter:	r		Cambridg	e, Ma		d `	ote)
24. FUNERAL DIRECTOR LeCompte Funera	al Service	e, Cambrid	ge, M	arylan	2So. REC'D	BY REGI	STRAR 256.		SIGNATURE		٤.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funtral director, page 3 shavid be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and shauld be filed with the State Dept. at Health priar to burial, crematian, or remaval, and in any event, within 72 hauts after deather. VR A15 (4) 30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

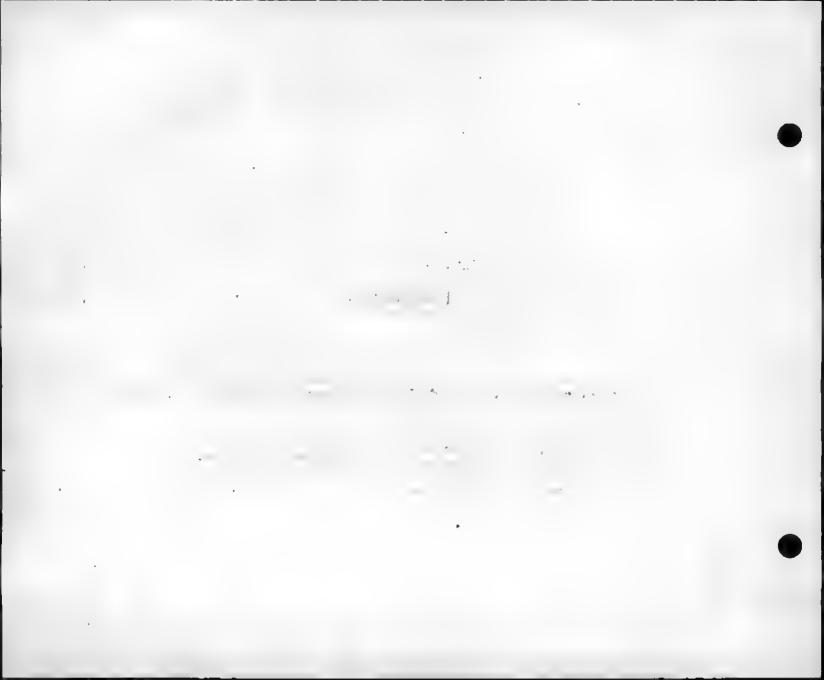


1 /	П	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	-
EOD STATE	Ιt	em 5 Film G396 1/1 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0819
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200	(Type or Print) LUELLA MI RRISON DICKIE DEATH MATED JAN.	1 814
ny delay 1: 2, and 3 to PM3. Page	3 S		Yeor 19 M
2, 2, Pp.		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	IA W
Give Pages 1, ong with farm the State De	(0.1t	VOVA SCOTIA U.S.A. WIDOWED I DIVORCED DOR CHESTER	M
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the the		EASTERN SHORE STATE HOSPITAL HOUSEWIFE	DUSIKI
Will all of		USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d MISIDE CTY LIMITS? 13b. STREET AND NUMBER 13b. COUNTY YES X NO	
hours Item 10 Office I and 2	14. 1	FATHER'S NAME First Middle . Losi IS. MOTHER'S MAIDEN NAME First Middle	Lost
24 24 1 1 1 1 1 1 1 1 1		DBERT MORRISON ACKSA REIO	
within 24 pencil in xaminer's ile pages 72 nours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 216-54-9770T HOSPITAL RECORDS	
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	APPROX MATE INTERVAL BETWEEN OHSET AND DEATH
be executed in ite Medical Entire Medical Entire Medical Entire insit permit. Fi		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) PNEUMONIA. TERMINAL	3 DAYS
be execuing pending inef Medic ansit perm		DUE TO, OR AS A CONSEQUENCE OF	and a
l be Chief		Conditions, if any, which gave (b) FRACTURE OF RIGHT FEMUR	7 WEEKS
shauld be executed in a the Chief Medical burial-transit permit.		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
4, - -		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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is certific te, writim farward e used a removal,	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
	E E	WAS PERFORMED?	YES NO X
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	-	WHILE AT WORK I AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK I AT WORK AT W	Coolity . 210-ie
		220 certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry	end in my opinion
CTO de la		deoth resulted from Notural causes [], Accident [X], Suicide [], Homicide [], Undetermined monner []	_ ' '
edme Lrect Taine		CHIEF MEDICAL EXAMINER	2
ny, ple eral d be ret RAL D priar		SIGNATURE	
<u> </u>		DEPUTY MEDICAL EXAMINER \(\sum \) 1/8/	6 8
o DEPUTY, the funeral 5 may be o FUNERAL Health pri	230	NAME (Type) JOHN MACE, JR. ADDRESS (Street, city, lown, or county) BUR AV (REMAT ON, 236 DATE 23c NAME OF CEMETERY OR CREMATORY / 23d AOCATION (City or Town) (Ci	(Ca-4a)
1 1 2 2	X	Period 1-10-68 Still Hand Centy Still Pond Ke	ounty) (Store) M. d.
VR A15ME ST	24	FLYNERA DIDECTOR Kennely Still Parel Mod DATE 250 SECURAR 368 256 REGISTRAR S SIG	NATUR
TOW KEY TOOL	-	The state of the s	



	0 3820 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0000
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0820
HEALTH DEPT.	1 DECEASED-NAME First	y Year 2b HOUR
s p e d	(Type or Pani) Blanche Catherine Fesonuer DEATH MATED 1-	7- 1968 M
Page	3 SEX 4 RACE S DATE OF BIRTH 6 AGE IN YOURS F JADER 1 YEAR 2 DATE PRONOUNCED DEAD	2d HOUR
delay and 3 3. Pa	Fernale white 01-17-81 86 yrs HOURS MIN Month, Day 7	Yeor 1968 M
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2 2 2		LE KIND OF BUSINESS OR
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Give ng h th	130 LSJA. RESIDENCE (Where deceased I ved, if institution: Residence before 13c. CITY OR TOWN 3d MISIDE CITY LIMITS? 13e STREET AND NUMBER	HOINE
s after 18. Gir alang 2 with death.	admission) STATE Mary and 136 COUNTY Queen ane Centreville YES 10 NO 1402 Water	St.
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	The of the second secon	()
hin 24 noil in niner s pages	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY ID 17, INFORMANT ADDRESS	Harper
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- iii (E		APPROX.MATE INTERVAL
be executed "pending" in mef Medical I make medical I misit permit.	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY. IMMINISTER CAUSE (a) PRED MONTA	BETWEEN ONSET AND DEATH
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is certificate s te, writing the farwarded ta e used as a bu remaval, and i	196 COND T ON FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
正 # 9 9 7	19a DATE OF OPERATION 19b COND T ON FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of nourly in Part 1 or Port 2, Item	YES NO
编号 号号	21a. EXTERNA. CAUSE WAS 21b. TIME OF INJURY Month, Day. Year HOUR A M. 25 A. 19 C. HOW INJURY OCCURRED (Enter nature of njury in Part 1 or Port 2, Irem PRIMARY OF OF DEATH 21c. HOW INJURY OCCURRED (Enter nature of njury in Part 1 or Port 2, Irem PELL ON FLOOR.	18)
INER: e certif shauld files 3 shault atron,	CAUSE OF DEATH	() ()
= 9 × ± 8 5		Caunty State
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	AT WORK LAT WORK DE TAWES BOG (ES.S.H.)	DOR. MD
ICAL IS EXECT FOR	220. I certify that I took charge of the remains described above, held an Autopsy, Inspection 💢, Inquiry,	and in my opinion
Ed da e	death resulted from: Natural couses 💢 , Accident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined monner 🗌	J
please e please e I director retained L DIRECT	CHIEF MEDICAL EXAMINER	
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EPUTY ssary, funeral ay be INERAL Ith pri	EXAMINER'S DEPUTY MEDICAL EXAMINER ADDRESS (Street, city town, or county)	168
TO DEPUTY necessary, the funera 5 may be TO FUNERA! Health pr		
5 ± 2 0 ±		ounty) (State)
0	BURGAL THOUSEN, YOU HESTERY LEUREVILLE, W.H.	Co 1/1d,
ARI WAR	25) FUNERAL DIRECTOR 250 REGISTRAR 25b REGISTRAR 25b REGISTRAR 5 G	
VR A15ME (5)	Jane 18. Bevingt - Jawa John, Conservelly 11 W. DATE JAN 9 1969 Policant	An Indiana

MARYLAND STATE DEPARTMENT OF HEALTH



20 AUTOPSY? YES 🔲 NO K 21c HOW INJURY OCCURRED (Enter noture of in Jry in Port 1 or Port 2, Item 18) County Stote Indury [and in my apinion Undetermined manner 22b. DATE SIGNED ADDRESS(Street, city, town, or county) Cambridge. 23a BUR AL CREMATION. 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Bashing Creek. Maryland Jan 30 1968 Hosier Memorial Cemetery 24 FUNERAL DIRECTOR 25g REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland

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126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

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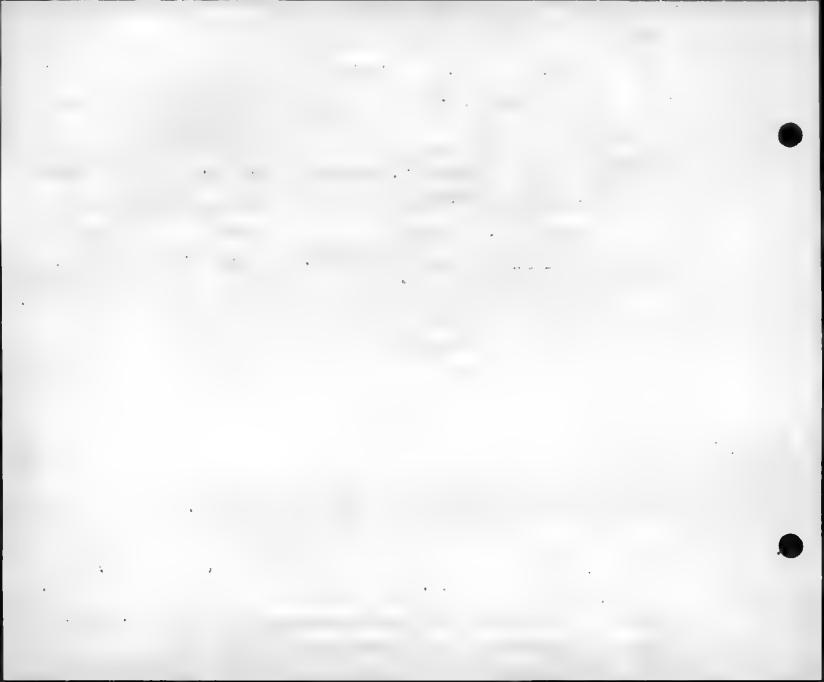
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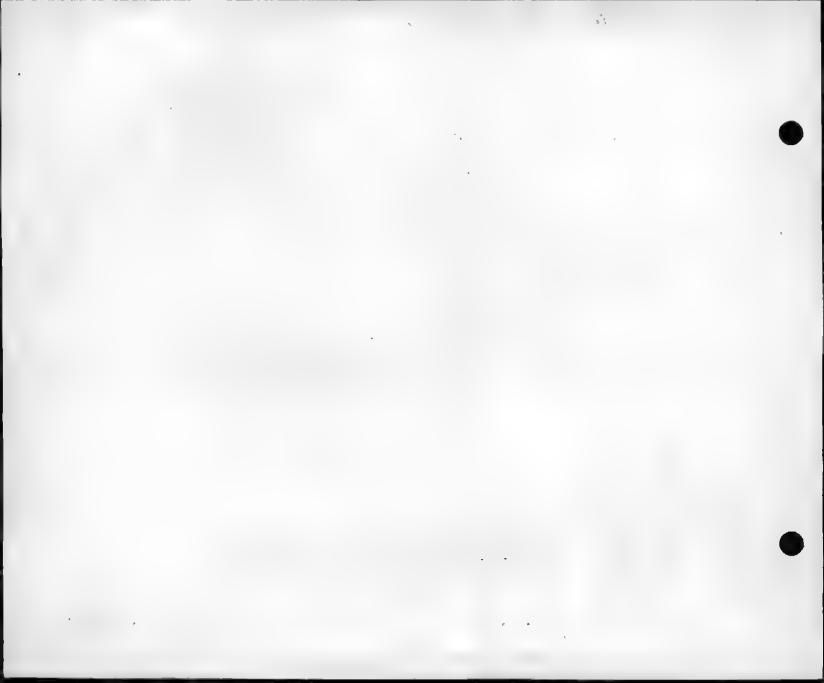
VR A15ME (5)



2000	Ttem 21b MARYLAND STATE DEPARTMENT OF HEALTH
10826	Them 216 MAKYLAND STATE DEPARTMENT OF HEALTH PLYSION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINED'S CEPTIFICATE OF DEATH
	MEDICAL EVANILIED'S CEDTIFICATE OF DEATH

		INLLDIN	CHE LYMITI	HAFIL D.	Criviti i.e	MIL Y	OI DE	AIII				
I. DECEASED NAME (Type or Print)	Firs CC	t DRA	Midde	e	FLUHAI	last R TY			20 DATE KNOWN Month OF ESTI- DEATH MATER JAN		168	2b HOUR 1 P.M
2 574	4 RACE	T 5 5475 OF 20	570	Tr. Acc.			of UNIDER	ne dips	DEATH MATER	da da	1400	_
3 SEX	WHITE	5 DATE OF BI		6 AGE (in years iost birthday) 86 yr	MONTHS	DAYS	HOURS	MIN	Month JAN. 22	Year 19	968	2d. HOUR
7a. BIRTHPLACE (Sta	ate or foreign	76 CITIZEN OF WI	HAT COUNTRY?	8. M	ARRIED NE	VER MARK	RIED 🔲	9. COU	INTY OF DEATH			
tountry) Mo.			U.S.	WI	DOWED X	DIVOR	CED 🔲	Do	RCHESTER			₩d
10 CITY OR TOWN			NAME OF HOSPITAL						CUPATION (Kind of work done f working ife, even if retired) SEWTFE	I26 KIND C INDUSTRY	OF BUSIN	NESS OR
130 USUAL RES DE	NCE (Where deced						INSIDE GTY I		13e STREET AND NUMBER	A.	TORIG	·
odmission) STA		13b. COUNTY	CAROLIN	FED	ERALSB	URG	YES X N	10 🗆	201 H. MAIN			
14. FATHER'S NAME	First	Middle	е	Last	15 MOTHE	R'S MAIDI	en name	First	Middle		Lost	
GEORGE	STANT				JANE	ATK	INSO	N				
160. WAS DECEASED I			16b SOCIAL SECU	IRITY NO.	17 INFORMAL	T			ADDRESS			
(Yes, na, or unkno	(1f yes givi	war or dates of service)	216-48-	5127T	HOSP	ITAL	REC	ORDS				
1B. CAUSE C	OF DEATH (Enter or		line for (a), (b), or	nd (c))							DXIMATE I N ONSET A	INTERVAL AND DEATH
PAKI I	DEATH WAS CAUSE	ATE CAUSE (a)	TE. MINA	L PNEU	MONJA.					4 DA	AYS	
U J	/ X		R AS A CONSEQUEN	NCE OF								
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	diate couse (a), inderlying couse		R AS A CONSEQUE		<u> </u>	garanti-adipal	6-16-16 ₁ -16-16 ₁₆ -16-16-16-16-16-16-16-16-16-16-16-16-16-					
last	, and a second)										
PART 2 OTHER	SIGNIFICANT CON	DITIONS CONTRIBUT	ING TO DEATH BU	IT NOT RELATE	D TO THE TERM	AINAL DIS	EASE OR (CONDITIO	IN GIVEN IN PART I(a)			
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190, DATE OF	OPERATION		19b. CONDITION	FOR WHICH O	PERATION					20 AJ	JTOPSY?	7
S IYO. DAIL UF			WAS PERFO	RMED?						YE	ES 🖂	NO 🂢
210 EXTERNAL	CAUSE WAS	21b. TIME OF	N.URY Month, Do	ıv. Year	21c HOW INT	LIRY OCC	URRED (En	ter note	re of injury in Port 1 or Part 2, I			
	OR CONTRIBUTING	HOUR A	M. 0/200	26 67	FELL			To Fully	2, 7	10.7		
CAUSE OF DEA		PLACE OF NUJRY	M O/ F/	17 01	21f. LOCATION				City or Town	County		State
	NOT WHILE FOR	actory office building	ng, etc.)	irget,					ROLINE CO., 10			21016
	AT TOOK COT								ROLING CO., 19	3		
22a.	I certify that I !								spection XX Inquiry	, ond	in my	y opinian
death r	resulted from:	Natural cau	ises 🔲, 🛝 Aci	cident 🔀	Suicide	,	Hamicid	le 🔲,	Undetermined manner			
		. 0		1		CHIEF	MEDICAL	EXAMINE	R 🔲			
ACTUAL SIGNATURE.	Joh	nh	ere	est	M E	ASSIST	TANT MED	CAE EXA	MINER 226 DATE			
EXAMINER'S			//			DEPUT	TY MEDICA	IL EXAMI	NER X	2/68		
NAME (Type	JOHN M	lace, M.E).			ADDR	ESS(Street	, city, to	wn, or county)			
230 BURIAL CREM	ATION 23b	DATE	23c NAA	NE OF CEMETER	RY OR CREMAT	ORY		23 d	LOCATION (City or Town)	(Caunty)	(Str	ate)
REMOVAL (Spe	(Iv)	an.25,19	68 H1	II Cres	st Ceme	eter	U)		Federalsburg, 1	Marvla	ind	
24 FUNERAL DIREC		/		ADDRESS		19	25a RECT	BY REC	SISTRAR 25h REGISTOARS	SIGNATURAL	ude	st.
Tramo	tom Fue	read H	men F	lead	almu:	not	DATE JA	AN 2	5 1968	The same	-/	
- 49		- A - A 9	TOTAL COMME		1	15 - 1 5 4						

VR A15ME (5) 10M REV 1/68



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00823

11/1/		CERTIFICATE OF DEATH
_ ~	VI	DECEASED NAME First , Middle Lost 20 DATE OF DEATH 2b HOUR
dead dead		(Type or print) Box the Month Day Year 12 -1965 1000
12 - E	3.	SEX 4. RACE S. DATE OF PIRTH 6. AGE (In years IF LINDER 1 YEAR IF JADER 24 HRS
y the f Pages urs afte		termale white 8-30-49 lost hirthday) YRS. MONTHS DAYS HOURS MIN
Po	70	BIRTHP.ACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
in the	€€	Maryland 1854 WIDOWED OF DIVORCED DOWN STEEL MAKEED NEVER MAKRIED NEVER
papers. papers. hin 72 h	10	I CITY OR TOWN OF, DEATH . II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b, Kind OF BUSINESS OR
三端 /	3 7	On should be give street address) Save String mast of working life even if retired.) INDUSTRY Home
rba t, w	12	ia. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d, INSIDE CITY UMITS? 13e STREET AND NUMBER
ca		Imposion) STATE // VEST NOT
and completely filled in by the funeral remove carban papers. Pages I and in any event, within 72 haurs after deal	1	Jiwi whitesex Lillons 7
rem rem	1 14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
Se in o	1	Snead Elliott Maria Buckmaster P
sician please I, and i	11	So. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) (If yes give wor or dotes of service) Yes, na, or unknown) (If yes give wor or dotes of service)
physician hen please noval, and		NO 212-18-6845/CCOVIS- Bastern Sture State Hosp.
BH E		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE HITERVALV BETWEEN ONSET AND DEATH
ndir ii ii.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) My Cardeal Duton cher 20 minute
by the attending ransit permit. The cremation, at rem		DUE TO, OR AS A CONSEQUENCE OF
the ation		Conditions, if any, which gave
ans dem		rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF
4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		lost. (r)
signed by the attending physician and completely filled in by the furburial-transit permit. Then please remove carban papers. Pages burial, crematian, ar removal, and in any event, within 72 haurs after		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
i e e i	Ι.	
certificate has been they far use as the strong str	-	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21c ACCIDENT WAS UNDERLYING (21b, TIME OF INJURY) 221c, HOW INJURY OCCURRED (Enter nature of injury in Part L or Part 2, Item 18.)
e a h pr	1 3	YES NO CAUSES OF DEATH?
cate ha far use Kealth		
管章素	3	₹ OR CONTRIBUT NG CAUSE OF OFATH HOUR A.M. Manth Day Year
this certi detached te Dept. of	5	[If either, notify medical examiner] P.M. 19 21d. INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Caunty State While Not while 1 or Not while 1
tac Dep		The state of the s
RAL DIRECTOR: After this cery, page 3 shauld be detached be filed with the State Dept.	-	IIDI WORK DEWORK
Affe be Sto	1	22a I certify that (I) (this haspital) attended the deceased fram, 19, to
# # # # # # # # # # # # # # # # # # #	1	causes stated above, (1) (we) (did) (did nat) view the body after death.
RECTOR: After 3 shauld be with the State	1	226 SIGNATURE 22c. DATE SIGNED
e 3 ed v		DEGREE PHYS DIRECTOR
D Brief		22d PHYSICIANS NAME (Type) E. C. FERNANDEZ 220 ADDRESS. S. HOSPITAL, CAMBRIDGE, MD.
4 de V	1	
O FUNERAL DIRECTOR: After this director, page 3 shauld be detaced and the State Detaced be filed with the State Detaced by the State De	23	30. BURIAL, CREMATION, 236. DATE / 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (State)
5-19M	L	REMOTES (Specify) 1/17/1968 DORCHESTER Mbn PARK CAMBRIDGE, DOR, MD
VR ATT (A)	2	4. FUNERAL DIRECTOR 250. RECID BY REGISTRAR 250 REGISTRAR'S SIGNATURE
30M REV 1/68		PLUTHONY LECOMPLE CAMBRIDGE, MD DATEJAN 16 1968 Poliantes Judge.



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

8	-						,	
	CE	Ri	TIFI	CA	re i	OF	DEA	TH

00824

	EASED-NAME	First		Middle		Lost		2o. DATE OF				2b. HOUR	
(Ty	pe or print)	Fr	ances			Grimes		1/2	29/68	Doy	Уеог		
3. SEX	Female		4 RACE Whi	te		S. DATE OF B	erth • 29, 1	907	6 AGE (In y	eors by) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN	
7o Bl count	RTHPLACE (Store or ! Virginia	oreign	76. CITIZEN OF WHA	AT COUNTRY?	B. MARR WIDOW	IED K NEVER MA	RCEO 🗌		cheste			M	
	TY OR TOWN OF DEA		give st	NE OF HOSPITAL OR IN reet oddress) aylor Isl		(If not in hospital	120 USUAL during mo	OCCUPATION st of working I HOUSEWI	(Kind of wor life, even if r .10	k done etired.)	126 KIND OF INDUSTRY	BUSINESS OR	
dmis		nere deceose rland	d lived, if instituted 13b. COUNTY Dore	hester		or town	YES NO		flor I	sland	d		
4 F#		irst	Middle	Lost		15. MOTHER S N	AIDEN NAME FI	st	N	\iddle		Lost	
		mes	W.	Oliv			Lu	су	N.				
	was deceased ever s, no, of unknown)		or dates of service?	16b. SOCIAL SECURITY		17. INFORMANT				ddress			
-	MO			<u> 215-09-80</u>		Mr. Har	ry R. G	rimes_	same	addr	2.S.S.	MATE INTERVAL	
	PART I. DEATH ' Conditions, if ony, we rise to immediate a storing the underly lost.	WAS CAUSED IMMEDIAT hich gove)	E CAUSE (o) DUE TO, OR AS	e for (o), (b), ond (c) A CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF	he de	elwer luor lever	nkap	R	2		BRIWAIN (G/68	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPOSE OR CONDITION GIVEN IN PART 1(0)												
CERTIFICATION	190 DATE OF OPERATION	ONDITION FOR WHIC	RFORMED	20o. AUT	_		YES, WERE FI OF DEATH?	NDINGS CO	ONSIDERED IN C	ERTIFYING			
₹	21e ACCIDENT WAS ☐ OR CONTRIBUTING ☐ (If either, notify med	CAUSE OF DEATH	HOUR A.M. P.M.	Month Day Year	9	c. HOW INJURY OF	•	noture of injur	y in Port 1 o	r Port 2, I	tem 1B.)		
	21d. INJURY OCCURR While Not while at work			AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		Λ	et or R.F.D. No.	City	or Town		County	Stote	
	saw the de	ceased al	ve on 1/2	nded the deceas did not) view the	19	ond that in (n		7 , to	ccurred or		te and hour		
	22b. SIGNATURE	UY	lou f	don	(DEGREE PHYS		D RECTOR	STAFF PHYS.	22c. [2-9/G	8	
	22d. PHYSICIAICS NAME (Type)		/			2207AD	DRESS	da	Ma	(
	BUR AL CREMATION, REMOVAL STREETY	23b. 0	ate X/68			or crematory Cemetery			imore	Md		(Stote)	
-/8	UNERAL DIRECTOR	, 4	18	ADDRESS	coll	oy not	2So. RECO BY	REGISTRAR			SIGNATURE	Leve.	

TO FUNERAL DIRECTOR: After this certificate lias been signed by the off—ding physicion and campletely filled in by the vert director, page 3 should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages I should be filed with the State Dept. of Health prior to buriol, cremotian, or removol, and in any event, within 72 hours after VR A15 (4) 30M REV, 1/68

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours affacted the

Page 4 may be retained by the haspital or attending physician.



IN HISPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely with a director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon page should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72

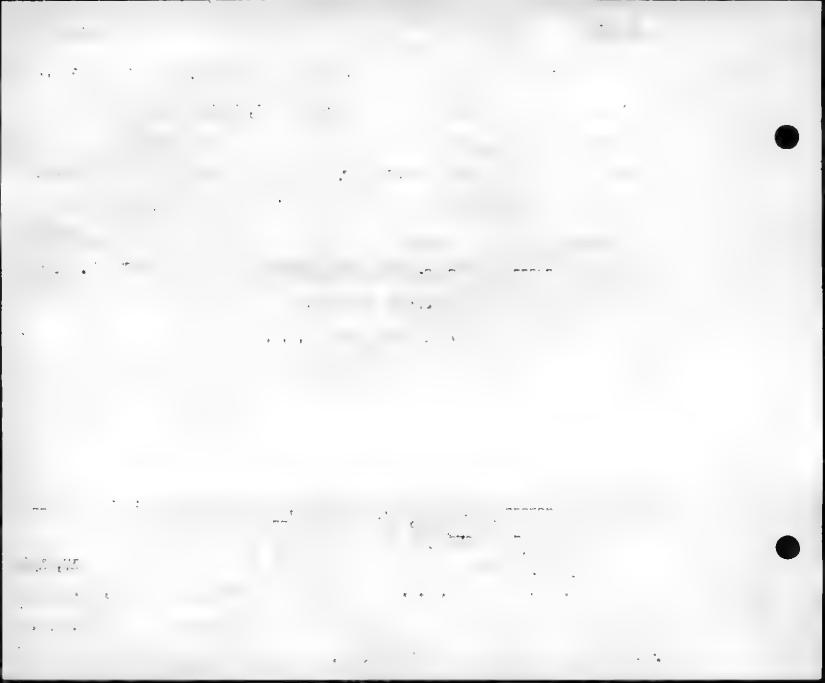
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	00000				CERTIF	ICAIL OF L	JEATH					
	CEASED-NAME	First		Middle		Last		2a. DATE OF D				2b. HOUR
1 "	ype ar print)	LYD.	EA.	WING		HAMILTON	T	JANU	JAHCY	16	1968	4:40P
3 SE	Х		4. RACE			S. DATE OF BIRT	TH	(5. AGE (In ye last birthag		IF UNDER YEAR MONTHS I DAYS	IF UNDER 24 HRS. HOURS MIN.
	FEMALE			NEGROID		NOVEME	BER 30.	1891	76	YRS.	IOM1U2 (DW13	HOURS MIR
7a (BIRTHPLACE (State or fo	reign	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRI	IED 🔲 🧖	COUNTY OF D	EATH			
LOUI	MARYLAND			USA	WIDOWE		ED 🔲	DORO	HESTE	R		N
0. 0	CAMBRIDGE		1 9	NAME OF HOSPITAL OR IN live street address) 835 FAIRM	I) MOITUTITZI TEATTO	f not in haspital		L OCCUPATION (I st of working () LABO			12b. KIND OI INDUSTRY LAUN	DRESS OR
13a.	USUAL RESIDENCE (Wh		d lived, if inst	titutian Residence before	13c CITY	OR TOWN 13	3d INSIDE CITY LUM		ET AND NUM		3018021	214354
odm:	SIGNARYLAND		13b COUNT	HESTER	BEC	KWITTH	YES 🔼 NO		RFD #	1 3		
4. F	ATHER'S NAME FI	rst	Middl			1S. MOTHER'S MAII	DEN NAME Fir	rst	M	iddle		Last
	CHARL	ES		WIING			ALIC	CE			WARF	TELD
16a.	WAS DECEASED EVER I	N & S. ARME	D FORCES? r or dates of service	16b. SOCIAL SECURITY	1	INFORMANT				ldress		
	es, NO r unknawn)	40.0		<u>141-01-13</u>	2114 1	TERNON HA	AMPPERION	V 835	FAIRM	OUNT	AVE.	
	18. CAUSE OF DEATH	(Enter anly	ane cause pe	er line far (a), (b), and (c	1)							CIMATE INTERVAL CINSET AND DEATH
	PART 1 DEATH V	AS CAUSED	BY: E CALISE (a)	CORONA	RY O	CLUSION						
	410,9)		DR AS A CONSEQUENCE OF								
	Canditians, if any, wi	rich gave }		ARTERT		POTTC C.	V. D.					
	rise to immediate co stating the underlying			OR AS A CONSEQUENCE OF								
	last.	19 (0030)	(c)									
	PART 2 OTHER SIGNI	FICANT CONE	OITIONS CONTR	RIBUTING TO DEATH BUT I	OT RELATED	TO THE TERMINAL	DISEASE ORCO	ONDITION GIVEN	IN PART I(o)			
2	420,											
AT ON	19a. DATE OF OPERATIO	N 19b. C	ONDITION FOR	WHICH OPERATION WAS P	ERFORMED	20a. AUTOPS	SY?			DINGS COM	NSIDERED IN C	CERTIFYING
CERTIFICAT						YES 🔲	NO 🔣	CAUSES (OF DEATH?			
	210 ACCIDENT WAS		E	E OF INJURY	21c	HOW INJURY OCCU	IRRED (Enter	nature of injury	in Part 1 ar	Part 2, Ite	em 18.)	
MEDICAL	OR CONTRIBUTING (If either, natify med				9							
MEI	21d INJURY OCCURR	D 21e. F		RY (AT HOME, FARM, STREET, FA		LOCATION Street	ar R.F.D. Na	City a	r Tawn		County	State
	While D Not while of work											
	22a I certify the	at (I) (Hii:	hospital)	attended the deceased NV attack	ed from_	APRIL 28	19 5	7, ta JA	WARY	1619 6	28_ , tha	t (I) (we) l
	saw the dec	eased ali	ve an	I MUSEU 10	19 68,0	ind that in (my)) (our) apın	nian death ac	curred an	the date	e and haur	and fram t
	causes state	a abaye,	(I) (We) (g	a) (did not) view the	bady atte	er death.				1 00 04	TE SIGNED	
	22b. SIGNATURE	Kent	1051			ATTENDING	ME DI	ED.	STAFF	1	ATE SIGNED	41
	OO 1 DUNCTED AND	100	pu	m	DE	GREE PHYS. 22e. ADDRI		RECTOR L	PHYS. L.J	INTERIOR	JARY 1	7, 196
	22d. PHYSICIAN'S NAME (Type)	J. E	S MIN	ASSETT. M.D.				STREET	CAMP	RTMCI	E. MD.	
	OUDIA COCRATION				=) ****					(64-4-1
Z3Q.	BURIAL, CREMATION, REMOVAL (Spenial)	23b. D				OR CREMATORY		23d. LOCATION		vn)	(County)	(State)
24	FUNERAL DIRECTOR	1 1	/21/68	ADDRES:	BECKH		2Sa. REC'D BY	BECK		SISTRAR'S S	DOR.	MD.
29.	TUJEKAL DIKECIUK	100	het.									
-	Led Ill Ist	1/0	45-11	A GAMBI	TDGE.	Pl Ja	DATE EA AT	0.0 (0)	2D //	778 1 - ·	Ca II.	448



MARYLAND STATE DEPARTMENT OF HEALTH

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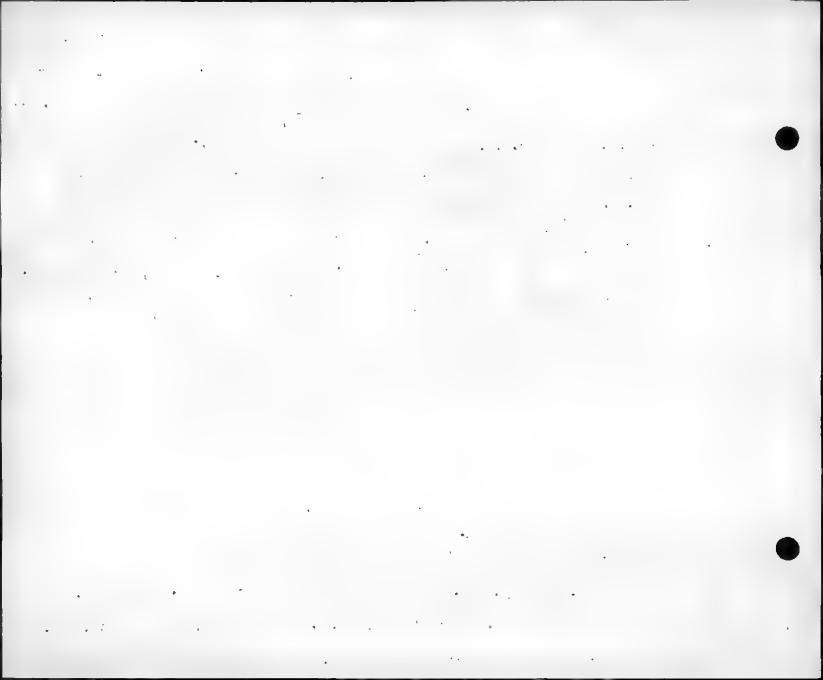
IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

368	26	DIVISION OF VI	TAL RECORDS, 30 CE		RESTON ST			IARYLAND 21	201	008	26
1. DECFASED-NAME (Type or print)	First		Middle		losi Taynes		2a. DATE	OF DEATH / Manth /	5 Day	/ g Year	26 HOUR
3. SEX		4 RACE Colore	ed		5 DATE OF B	IRTH 3-68		6. AGE (In ye last birthdo		UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. 18 14
Tema 1. 7a BIRTHPLACE (Secondry) Dorches:	er	U.S.A.		WIDOWED	NEVER MA	RRIED e Rced [of DEATH rchester		12b. KIND OF	Md BUSINESS OR
Cambri	lge NCE (Where deceased	give stree Camb	ridge Mar Residence before	yland CITY OR	Hosp	during that 1	Non 13e.	ing life, even if re E . STREET AND NUM		None	e
14. FATHER S NAM		Middle	Last		. MOTHER'S M	AIDEN NAME	First	M	l-ddle		Last
	nest Edwa	3	es Jr.		Pau 1	ette R	AAA	Fave		Todd	
160 WAS DECEASE	EVER IN U.S ARMET	FORCES? 160	SOCIAL SECURITY NO.	17. 1	NFORMANT	2 0 0 1 20			ldress	1000	
Yes, no, ar unkr 12.0	F DEATH (Enter only	ane cause per line fo	none ar (a), (b), and (c)).	Pa	ulette	Hayn	es Rt	3_Box_54	L, Cam	APPROXI	Md Mare interval hiset and death
Canditions, i rise to imm stating the last.	any, which gave diate cause (a), underlying cause	DUE TO, OR AS A (b) DUE TO, OR AS A (c)	CONSEQUENCE OF	2-9-12	-ri-7-1,	witz	7			1/2	election of the second
190. DATE OF			OPERATION WAS PERFO		20a AUT	OPSY?	206). IF YES, WERE FII USES OF DEATH?		SIDERED IN CE	ERTIFYING
S OR CONTRIB	IT WAS UNDERLYING TING CAUSE OF DEATH Lify medical examine	r) P.M.	Manth Day Year 19			,		injury in Port 1 ar	Part 2, Ner	m 18)	
While N	I work		HOME, FARM, STREET, FACTOR ICE BUILDING, ETC.					City or Town		County	State
saw	he deceased aliv	re on/~ /	ed the deceased 19 d-net) view the ba	an, an	d that in (n	, 19. ny) (ou r) a	pinion deat	th accurred an	the date	and haur	(I) (we) las ond from the
22b. SIGNATU	7:13-	The state of the same	~ · · · ·	DEGI	111172		MED DIRECTOR	STAFF PHYS	_	TE SIGNED	-68
22d. PHYSICI NAME (ype) Dr. Will	bur N. Ba	uma nn		22e. AD		Stree	et. Camb	ridge	, Md.	
23a BURIAL, CREA			23c NAME OF CE	METERY OR				ATION (City or Tax		(County)	(State)
REMOVAL (SE		15-68	Lina's				Chu	rch Cree			Md.
24 FUNERAL DIRE			ADDRESS &	9.4 6,	43	2Sa. REC'D	BY REGISTRA	R 2Sb. REC	GISTRAR'S SH		(dir



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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the amath certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00827

1				- (FKIII	ICATE OF	DEATH				UUn	160 6	
\mathbb{Z}		ECEASED NAME First	***	Middle		Lost		2a [DATE OF DEATH	-		2b. HOU	{
	(1	(ype or print) Or lan				He	enry, Jr	Ja	nuary Month	Day E5	Yeor 6	8 10:3	64
	3. SE		4. RACE			S. DATE OF E			6. AGE (In ye		IF UNDER I YEAR	IF UNDER 24 H	15.
		male	Colo	ored		1-13	5-68		lost birthdoy	yrs. N	AONTHS DAYS	HOURS M	iN
			'b CITIZEN OF WHA	AT COUNTRY?	B. MARRI	ED NEVER MA	RRIFD	9. COU	NTY OF DEATH	-			
	coun	Maryland	U.S.A.		WIDOW		RCED		Dorchester				Md
	10. C	ITY OR TOWN OF DEATH	[11 NA	ME OF HOSPITAL OR INS	NOITUTION (If not in hospital	12a USU.	AL OCCU	IPATION (Kind of work	dane		BUSINESS OR	
3		Cambri ege	give st	reet address) nor i dge Ma	ry la	nd Hosp	t during m	ost of w 1C	vorking life, even if re NONE	tired)	INDUSTRY	е	
-	13a	USUAL RESIDENCE (Where deceosed	lived if institution	n. Pesidence hefore			13d. INSIDE CITY L		13e STREET AND NUM				_
1	aomi	ission) STATE Mary Land	13b. COUNTY Dorch	nester	Camb	ridge	YES N	0 🗆	_300 Byrn	Str	eet		
		FATHER'S NAME First	Middle	Lost		IS MOTHER'S N	IAIDEN NAME	First	Mi	ddle		Last	
		Orlan		Henry			Ann	1		Peter	rson		
		WAS DECEASED EVER IN J.S. ARME	D FORCES? or dates of service)	166. SOCIAL SECURITY N	0 1	7. INFORMANT			Add	lress			
	Ī	'es, no, ar unknawn) (If yes give war	or onlike to struct !	none		Ann Her	ary-Rt	#1	Box 100 H	ur10			
		18 CAUSE OF DEATH (Enter only	ane cause per ligg	for (a), (b), and (c).)							APPROXI BETWEEN O	MATE INTERVAL DWSET AND DEATH	
		PART I. DEATH WAS CAUSED	BY:	es printer	m de	is ters	34" de	-	,				
		1 100		A CONSEQUENCE OF	1	- 1.	#1 · 1		+114				
		Canditions, if any, which gave	65)	so interes	9.1	3mg ceffei	Flore	rps	itiil son agy	lifting Arriva			
		rise to immediate cause (a), (stating the underlying cause (DUE TO, OR AS	A CONSEQUENCE OF	35	-						7.,	
		lost	(c)	PRO 1008	U	of Con							
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAE DISEASE OR CONDITION GIVEN IN PART 1(0)											
	~	. /. /											
	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHI	CH OPERATION WAS PER	PERATION WAS PERFORMED 20a. AUTOPSY?				20b. IF YES WERE FINDINGS CONSIDERED IN			ERTIFYING	
	TIFIC				YES X NO CAUSES					S OF DEATH?			
1		21o. ACCIDENT WAS UNDERLYING			210	HOW INJURY OF	CURRED (Ente	r nature	of injury in Port 1 or	Port 2, Ite	m 18.)		
	MEDICAL	OR CONTR BUTING CAUSE OF DEATH		Month Day Year 19									
		21d. INJURY OCCURRED 21e, P	LACE OF INJURY	AT HOME, FARM, STREET FACT OFFICE BUILDING, ETC.		LOCATION Stre	et ar R.F.D. Na	l.	City or Town		County	State	
		While Nat while at work	,	OFFICE BUILDING, ETC.									
		22a, I certify that (I) (this	haspital) atte	nded the decease	d fram.	L- L5	, 19	68,	ta <u> </u>	_, 19_	68_, that	(I) (We) I	ast
		saw the deceased aliv	/е оп	11-15 T	68,	and that in (n	1y) (ou r) ap	inian d	leath accurred an	the date	e and haur	and from t	he
		causes stated above,	(v (verjala) (nat) view the	ady att	er aeatn.				1 00 D	TE CICHED		
		22b SIGNATURE	KINY	1111		ATTENDI	NG 🔼 A	MED.	STAFF -	22c. U/	ATE SIGNED		
		22d. PHYSICIAN'S	-		U	22e. AD		DIRECTOR	PHYS.				_
3			Edwin :	Fassett				ı St	. Cambridg	e. M	đ		
	23.0	BUR AL, CREMATION, 23b. DA		23c. NAME OF C	EMETEDY		- (6-		LOCATION (City or Taw		(County)	(State)	-
1	Zad.	DEMONAL IC., C. I	20-68						, ,	,	' ''	, ,	
1		- O42 (A20) NA	20=00	Thomps A- ADDRESS	sonto)Wr)	25a. REC'D E	V DECK	IST New Man	STRARES	GNATURE AC	Nd.	
7		ramptom Funeral	omeF		rg. 1	d.	DATE	2	5 1968 8 REES	JC-T	0	0	



10 HOTPITAL OR ATTINGING PHYTICAN: The law requires that the death certificate be executed within 24 Nours after deat **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the fur clirector, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after Page 4 may be retained by the hospital ar attending physician.

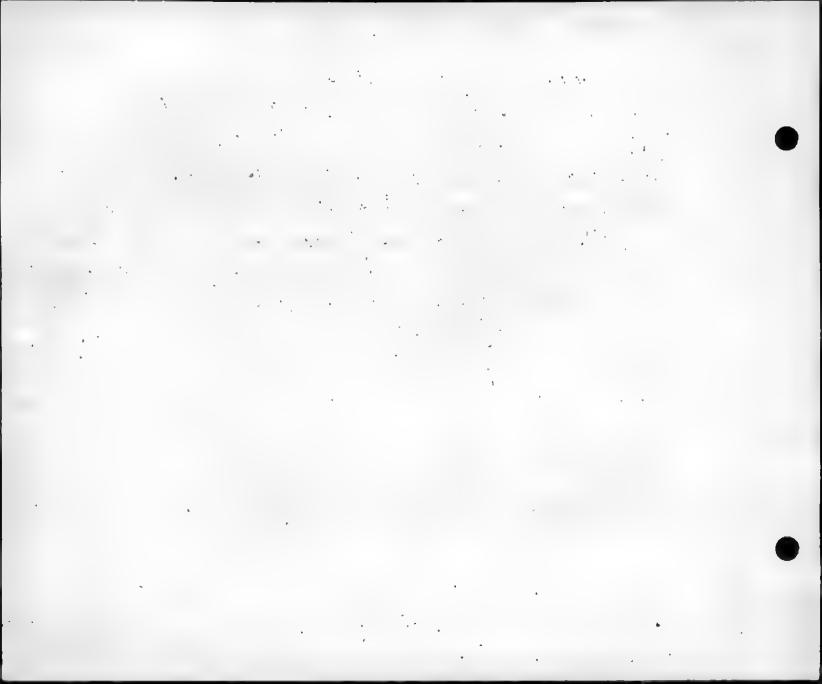
30M NE

DECEASED-NAME

(Type or pnnt)

MARYLAND STATE DEPARTMENT OF HEALTH 30823 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 **CERTIFICATE OF DEATH** 00828 Middle 20. DATE OF DEATH First 2b. HOUR Month S DATE OF BIRTH & AGE (n vents IF UNDER 1 YEAR IF UNDER 24 HRS.

- 1		~ 1 ,	1 .1 1		3. OARE OF GRAPH		last buthyey)	MONTHS DAYS HOUR	RIA ALIN
		temake.	White		05-18-89	•	YRS.	MONINS DATS NOOK	CS MIN
7	a B	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNT	RY? 8 MA	RRIED NEVER MARRIED	9. COUNTY OF	DEATH		
	M	ingland	U.S.A.		OWED DIVORCED	Donc	hester		Md
		ITY OR TOWN OF DEATH	11 NAME OF HO	SPITAL OR INSTITUTE	ON (If not in hospital 12a US		(Kind of work done	12b. KIND OF BUSIN	
,	(V	ambridge	give street addre		State during	nlest of working	life, even if retired.)	INDUSTRY XX	
1		USUAL RESIDENCE (Where decease	d lived if jostit than Reside		TOTO HOSP	House (REET AND NUMBER	,	
ď	dm.	phph) STATE	136 COUNTY Ken	1 / ///	1/ VEST	NO 🗔		×	
*		ATHER'S NAME. First	Middle	Last	IS. MOTHER'S MAIDEN NAME	Firet	M'ddle	Lo	d
- [4. 1	1.1.11	micule	1051	A\\		W-One		
+	140	WAS DECEASED EVER IN U.S. ARME	D CODCECS 146 SOCI	AL SECURITY NO.	17 INFORMANT	ecca	Address	bulls	<u> </u>
			randates of service)	AL SECURITY NO.		rone Sto	/ //	10 11 1	Ma
F	_		7/		Kastern ar	DIG 30	Te Hosp.	APPROXIMATE IN	92.110
-1		18 CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED		(b), ond (c))	1.1.	0. /	7 :-	BETWEEN ONSET AN	
-1			E CAUSE (0)	ulle 4	MOCALALAN	MIN	word	- aa	4
- 1		4109	DUE TO, OP AS A CONSI	EQUENCE OF	66 -	20			l l
- 1		Conditions, if any, which gove a	(b) 78115	valiles	A CENDENIDA	TERRICA	40	L1100	21
- 1		stating the underlying couse	DUE TO, OR AS A CONS	EQUENCE OF				1	- 0
- 1		lost. 4 701	(c)						
		PART 2 OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO D	EATH BUT NOT REL	ATED TO THE TERMINAL DISEASE O	RCONDITION GIVE	N IN PART 1(a)		
	-4	Clas Dale	- 170mi	· Sel	redrones -				
- 1	ATIO	190. DATE OF OPERATION 196. C	ONDITION FOR WHICH OPERA	TION WAS PERFORM	ED 200 AUTOPSY?		YES, WERE FINDINGS C	ONSIDERED IN CERTIFY	ING
	CERTIFICATION			,	YES NO	CAUSES	OF DEATH?		
,		21e ACCIDENT WAS UNDERLYING	B. G. 11116 G. 1111G.		21c. HOW INJURY OCCURRED (En	iter nature of inju	y in Port 1 or Port 2, I	tem 18)	
- 1	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine		Day Year 19					
-1	WED				21f. LOCATION Street or R.F.D. (No. (ity	or Town	County	State
- 1		While Not while of work	COFFICE BUH	LDING, ETC.				· ·	
		22a. I certify that **** (this	-benefital) attended th	ne decensed fro	m 9-4- 19	65 to 1	14- , 19	68 that (1) #	Hazi last
		saw the deceased ali	ve an 1-14-6	<u> </u>	_, and that in (my) 🐗 🚱 a	pinian death	occurred an the da	te and haur and	fram the
-1	ı	causes stated abave,	(I) (we) (did) (did nat)	view the bady	after death.	<u> </u>			
		22b SIGNATURE	71	110	ATTENDING	MED -	STAFF 22c.	DATE SIGNED	>
			To Pull	MU	DEGREE PHYS	MED. DIRECTOR	PHYS.	-14-68	
ž .		22d. PHYSICIAN'S	20 (51)	00/ 01	22e. ADDRESS	dans	20.00	110	
		NAME (Type) E DWA	IN LEWI	> \M	U (E)>H	CHM	141166,	MUSI	
7		BURIAL, CREMATION, 23b. D.	ATE 23	NAME OF CEMET	ERY OR CREMATORY	23d LOCATIO	ON (City or Town)		ote)
	1	SEMOVA ISPACEN	1AN.16	Wesle	ey CHAPEL	Ko	CK HAL	L MARY	LAND
	24	FUNERAL DIRECTOR	4	ADDRESS	1.0	BY REGISTRAR	25b. REGISTRAR 5		
	1-	Edamah, ho	mik. June	1 D. H.L.	Md. DATELA!	N 1 R 19	68 //	And Sugar	



,4 , 1	l.	MARYLAND STATE DEPARTMENT OF HEALTH
Andrews .		16829 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		ECEASED NAME , First Middle Lost , 20 DATE KNOWN Month Day Year 2b HOUR OF EST. TON 7
□ □ □ □ □ □ □ □ □ □ □ □	-3	LY GIA 1 PODKINS DEATH MATED JAN 1 1968 2 PM
delay	3 3	EX 4 RACE 5 DATE OF BIRTH 6. AGE (In years IF LNDER 1 YEAR IF LNDER 24 HES 2c DATE PRONOUNCED DEAD 2d HOUR Months DAYS HOURS Min. Month
2, ond PM3 PM3		F W 1-5-83 1958 ONTHS DAYS HOURS MIN. Month Doy Yeor 1968 2-10 M
PA Par		BIRTHPLACE (Stole or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
S E E	cour	"FINIAND" & M. X. A. WIDOWED DIVOKED I LOCCHES I-CE Md
Stote Stote	10. (CAY CATTOWN OF JEATH 11 NAME OF HOSPITAL OR INSTITUT ON (If not in hospito 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR
hours ofter death tem 18. Give Pag Office along with and 2 with the Sto	17	AM DRIOGE EASTERN SPEECE STATE Head Cook or chef Food
offer 8. Giv along along with	130	USUAL RESIDENCE (Where deceosed lived, if institut on Residence before 13c CITY OR TOWN 3d MSIDE CITY Mai 3 13e SIKKEE AND NUMBER
s ofte 18. Gi e alon 2 with death	L°	dmission) STATE Md. 136 COUNTY Wic. MARdela YES NO R.D.#2
hours Item 1 Office 1 and 2	14, 1	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
24 h in the ris O ris Of ris of		William L. LAITINEN: MARY KONTHINON
thin 24 nool in noner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS
with peni	((es. no. or unknown) (Il yes give wor or dotes of service) 063-14-3418 Frank P. Hopkins (son) Mardela, Md.
id with the last of the last o		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY DATE () MODE A) APPROXIMATE INTERVAL BETWEEN DISST AND DEATH OF A DEATH OF A DEATH APPROXIMATE INTERVAL BETWEEN DISST AND DEATH
be executed 'pending' in nief Medical E. onsit permit. Fevent within		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) PNEUMONIA
Me Me		4177 DUE TO, OR AS A CONSEQUENCE OF
be permitted in the per		Conditions, if any, which gove) (b) CCN GESTIVE HEART FAILURE - 1 DAY
ony		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
shauld be e ne word "pen o the Chief A buriotronsit		10 ARTERIOSCIEROTIC CARDIOVASCULAR DISEASE ICT YRS
INER: This certificate shauld be executed within 24 hours after death exertificate, writing the word 'pending' in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form files. 3 should be used as a buriol-transit permit. File pages Lond 2 with the state burion, or removal, and in any event within 72 hours after death		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
fico fing rder os	2	42:
writ writ rwa sed	AT,0	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY?
his certifote, writifice forwar	CERTIFICATION	WAS PERFORMED?
Hiso Hiso History and Library	1 5	216 EXTERNAL CAUSE WAS 216 T ME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M.
INER: 1 e certific should b files. 3 should b orton, o	MEDICAL	CAUSE OF DEATH NEITHER PM9:00/7/1967 FELL ON FLODE.
	ME	21d IN. JRY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State
bical examiner: lease execute the cert director. Page 4 should stained for your files. DIRECTOR: Page 3 shou		WHILE AT WORK TAWES BOC. ESSH CAMBRIDGE, DOR Md.
ICAL EXA secute for. Poge ed for you CTOR: Pag burial, cre		22a. I certify that I taak charge of the remains described above, held an Autopsy 🗍, Inspection 🛴 Inquiry 🔲, and in my opinian
bica olease ex derector. efained f birector		death resulted from Natural causes . Accident . Suicide . Homicide . Undetermined manner
JIY BICON PROPERTY, please erol directol be retained RAL DIRECT prior to bu		CHIEF MEDICAL EXAMINER
9		ACTUAL SIGNATURE 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED
Sary mer be FRV		DEPUTY MEDICAL EXAMINER
O DEPUTY necessary, p the funerol S may be re S FUNERAL Health prior		NAME (TMP) JOHN MACE JR ADDRESS(Street, city, town, or county)
5 = + 2 = +	230	BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stote)
0/1		Burial Jan. 9.1968 Micomico Memorial Park Salisbury, Wicomico, Maryland
100	24	FUNERAL DIRECTOR 250 REC D BY REG STRAR 256 REG STRAR S SIGNATURE
10M REV 17		L'alloway X (O Salisbury, Md. DATE JAN 9 1968 fillowles Juege.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

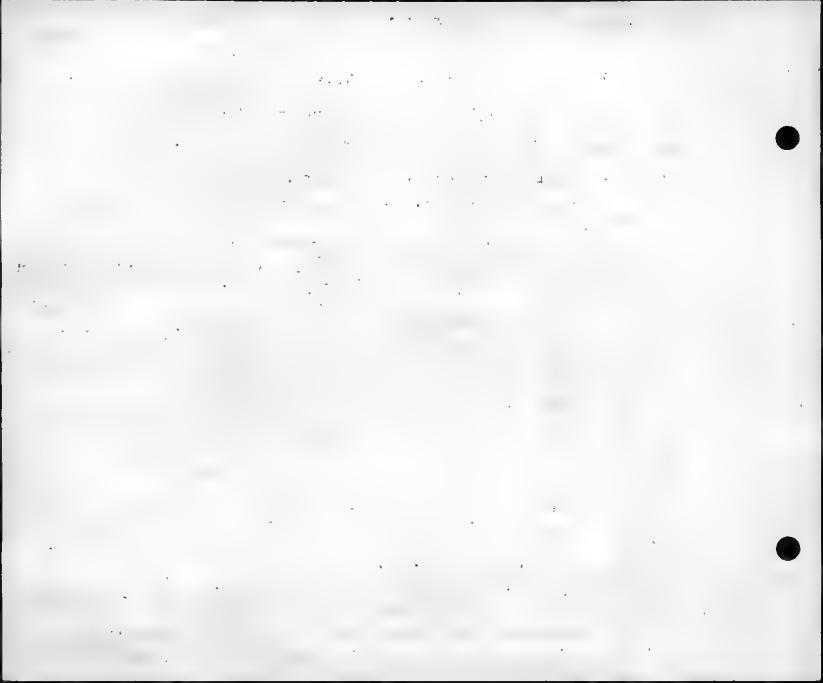
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				CE	KIIIICA	IE UT DEATH			()	0,010	,
1	1. DE	CEASED-NAME First		Middle		Lost	2a. DATE	OF DEATH			HOUR
V	(1)	ype ar print)			LI a			Manth	Day Year	8	
, 1	. SE	WALT	4 RACE	EDWARD		R TON DATE OF BIRTH		6 AGE (In years			2 24 HRS
i j	7. 30	^	4 KACE					last birthdoy)		LYS HOURS	M.N.
-1		MALE	WHITE		J	anuary 19,	1878		YRS.		
	7a B	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT CO	OUNTRY? 8.	MARRIED [NEVER MARRIED	9. COUNTY	OF DEATH			
- 1		onnecticut	USA	1	WIDOWED T	DIVORCED	DOR	CHESTER			Md,
		TY OR TOWN OF DEATH	11 NAME O	F HOSPITAL OR INSTIT	UTION (If nat ii		AL OCCUPAT	ION (Kind of work di		OF BUSINES	S OR
- [give street					ing life, even if retire	ed) INDUSTR	Υ	
)		AMBRIDGE (RURA USUAL RESIDENCE (Where deceas		TERN SHOR			RDENE	STREET AND NUMBER	D		
ı	admi	STATE MARYLAND	13b. COUNTY 1./	/ /1	SALISB			OI HAYWAR			
- 1	14, F	FATHER'S NAME First Daniel	M ddle	Lost	15. M	OTHER'S MAIDEN NAME	First	Middl	le	Lost	
		UKING VOLAL	В	Horton		UNKNOWN	Henrie	etta		Lenk	
	16a.	WAS DECEASED EVER IN U.S. ARA		SOCIAL SECURITY NO	17 INFO	RMA signal	Hortor	(San) Addre	\$5		
	T	es, ng, ar unknawn) (If yes give w	55	7-36-1748	REC	Craig W.	EAST	ERN SHORE	STA TE	HOSPI	TAL
		18. CAUSE OF DEATH (Enter on	ly rine enuse nec line for	(o to) and leve	//R.E	.#/, Calvii	n Dr.,	Salisbury	APF	POXIMATE INTE	
		PART I. DEATH WAS CAUSE	D BY.	7 3/1	Van	men Buch		•	5011	CEN CHISES KHO	.(0)
		, IMMEDIA	ATE CAUSE (o)	AUTO -	1/Men	MARTINE COLOR			7	cuy	_
		Tanditions if any which cause	DUE TO, OR AS A C	CONSEQUENCE OF	191	B. Ting	1-0	enpois	\mathcal{U}	10 -	
		Canditians, if any, which gave) rise to immediate cause (a), ((b) V	<u>LB4</u> / QXX (LUN .	UNDVIUZ,	XCO	000000	7	720	110
		stating the underlying cause	DUE TO, OR AS A C	CONSEQUENCE OF							
		last. 4500	(c)								
		PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO TH	IE TERMINAL DISEASE OR	CONDITION	GIVEN IN PART 1(0)			
	z	- anen	wa-								
-	ATIO	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH O	PERATION WAS PERFO	RMED	20a. AUTOPSY?		IF YES, WERE FINDIN	NGS CONSIDERED I	N CERTIFYIN	G
	JE					CKON CISA	CA CA	USES OF DEATH?			
	CERT	21a. ACCIDENT WAS UNDERLYIN	IG 216 TIME OF INJU	JRY	21c. HOW	INJURY OCCURRED (Ente	er nature at	injury in Part 1 or Pa	rt 2, Item 18.)		
	ਤ	OR CONTRIBUTING CAUSE OF DEAT		onth Day Year		, , , , , , , , , , , , , , , , , , , ,					
	MED:	(If either, natify medical examination 21d. INJURY OCCURRED 21e.		19	× \$1 016 1064	HON Court of D.C.D. M.		City or Town	County		State
	~	While Not while	PLACE OF INJURY (AT HE	E BUILDING, ETC.	J ZH. LOCA	IION Street of K.r.D. No	α,	ciry or town	County		21016
		at work — of work —					-				
		22a. I certify that (1) (1)	la-hospit al) attende	d the deceased	from 2	-23c,19	66 10	1-14-	, 19 <u>68 , 1</u>	hat (I) (¥	last
		saw the deceased a causes stated above	live on	[9_	C X and the	nat in (my) (garay op	omion dea	th accurred an th	ie date and ho	iur and tr	om the
			, (1) (we) (ara) (ara	nai) view ine ba	ay affer dec	HH.			226 DATE SIGNED		
		22b. SIGNATURE	5/10	1 7/10	DEADLE	ATTENDING ["]	MED	STAFF TO	ZIG DATE STOREL	1.5	
			Terrille	o uu	DEGREE	7	DIRECTOR	PHYS PA	1-17-	00	
		22d. PHYSICIAN'S NAME (Type) (=1) 1/1	nn n /	alls.	MD	22e. ADDRESS	CI	Im Bni	NG	117	D.
]			TILV C	- 00 W	1111	1 6 2017		11/ WILL	090/	1.01	
	23a.	BURIAL, CREMATION, 23b.	DATE	23c NAME OF CEN	METERY OR CR	EMATORY	23d LO0	ATION (City or Town)	(County)	(Stat	e)
1		REMOVAL (Specify) Burial Jan	17.1968	Wicomico	Memori	al Park	Sali	sbury. Ma	ryland		
")	24.	FUNERAL DIRECTOR	,,,,,,,,	ADDRESS		2Sa. REC'D	BY REGISTRA	R 25b REGIST	RAR'S SIGNATURE	redy	*
58		HOLLOWAY & CON	MPANY, SALI	SBURY, MA	RYLAND	DATE JA	N 19	1968		0	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer Dept. VR A15 (4) 30M REV, 1/6

IN HUNDITAL OF ATTEMBING PHYSICIAN: The low requires that the death certificate be emacuted within 24 hours with seath.

Page 4 may be retained by the hospital or ottending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36832 00831 CERTIFICATE OF DEATH DECEASED-NAME Middle 20 DATE OF DEATH 2b HOUR First physician and campletely filled in by the funeral en please remove carban papers. Pages T and 2 oval, and in any event, within 72 haurs after death (Type or print) Month izabeth tundley 3. SEX 5. DATE OF BIRTH IF INDIED 1 YEAR E JINDER 24 HRS 6. AGE (In veors lost birthday) MONTHS HOURS 00-00emale YR5 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED MEVER MARRIED orchest WIDOWED 52 DIVORCED [iramia. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Cambridge Eastern Shore State Hospital Housewite ar removal, and in any event, 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before, D3c CITY OR TOWN 13d. INSIDE CITY L MITS? 13e STREET AND NUMBER Mary 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle First Middle Lost lost Johnson USUr ence 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANI (If yes give war or dates of service) Yes, no. or.unknown) APPROXIMATE INTERVA signed by the attending burial-transit permit. The 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSEVAND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) burial, cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) rise to immediate couse (o). DUE TO, DR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) prior to Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? use YES 🖂 NO:K 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 3 should be detached f with the State Dept. of (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Mot while at work OFFICE BUILDING, ETC. ., 19 62, ta / - 24, 19 68, that H+ (we) lost 22a. I certify that (+) (this haspital) attended the deceased fram 11 - 03
saw the deceased glive an 1 - 34 - 1968 and that in (m) 19 6 8 and that in (my) (euc) opinion death accurred an the date and have and from the saw the deceased alive an_ causes stated abave, (1) (we) (did) (did-not) view the bady after death 22b. SIGNATURE 22c DATE SIGNED

ATTENDING

22e. ADDRESS

PHYS.

DEGREE

NAME OF CEMETERY OR CREMATORY

MED. DIRECTOR

250. REC D BY REGISTRAR

STAFF PHYS.

(County)

23d. LOCATION (City or Town)

director, page shauld be filed

22d. PHYSICIAN'S

230. BLRIAL CREMATION,

24 FUNERAL DIRECTOR

REMOVAL (Specify)

NAME (Type)

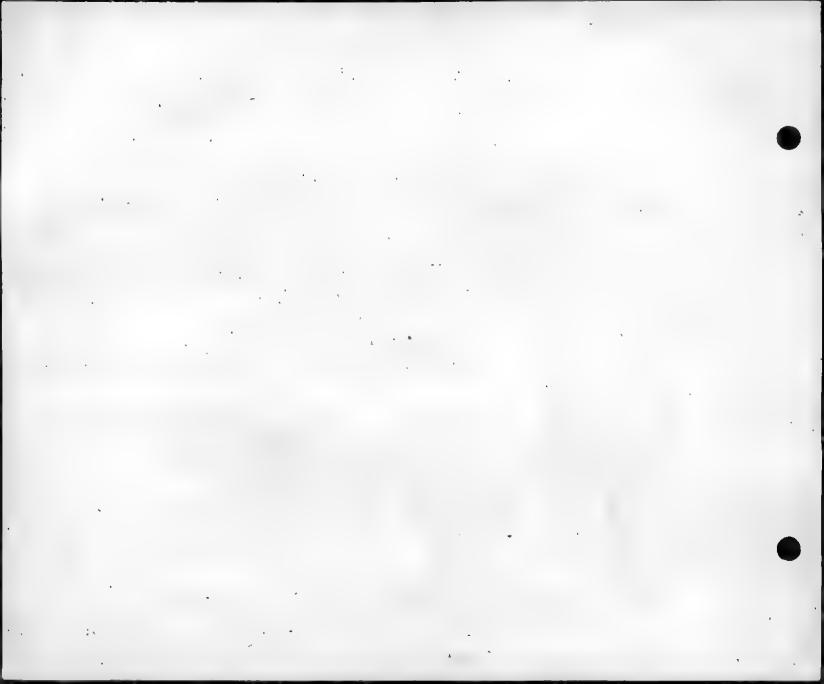
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

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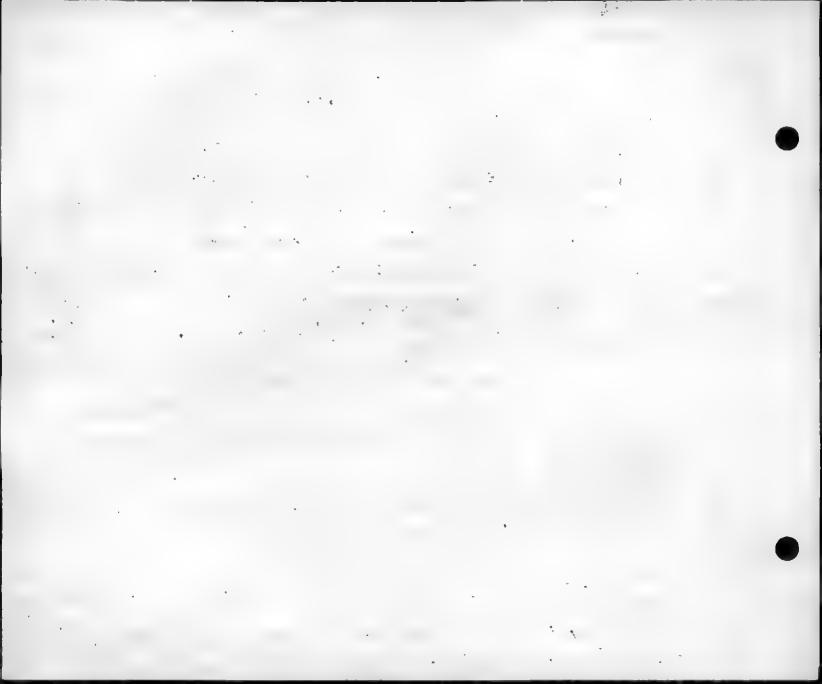


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36833 CERTIFICATE OF DEATH 00832 last 2g. DATE OF DEATH I. DECEASED-NAME First Middle 2b. HOUR son papers. Pages 4 and within 72 hours after death (Type or print) GARFIELD JACKSON JANUA RY 6. AGE (In years IF UNCER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH lost birthday) MONTHS ! SEPT. 1 1907 MALE NEGRO 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 8. MARRIED TI NEVER MARRIED remuires that the dmath certificate be executed within 24 hm country) the attending physician and completely filled in sit permit. Then please remove carbon papers. DIVORCED [WIDOWED & 3 MARYLAND LISA DORCHESTER 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospitoi 12b KIND OF BUSINESS OR give street address) during mast of warking life, even if retired) INDUSTRY LABOTET EA STERN SHORE STATE HOSP 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 1/3c. CITY OR TOWN cremation, ar remayal, and in any event, The INSIGE CITY LUMPIS? 13e. STREET AND NUMBER 13b. COUNTY NO. CRISELELD MARYL AND IS. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Lost 16b SOCIAL SECURITY NO 17 INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown)
UNKNOWN ASTERN SHORE STATE HOSPITA -07-243 RECORDS 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by the burial-transit p Conditions, if ony, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause physician. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 has been s use as the latt afth priar tat the hospital ar attending 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? CAUSES OF DEATH? YES [NO [far use Heafth p O FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part) or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e, PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that 🕮 (this haspital) attended the deceased fram 😸 - 😏/ 1965, ta þ 1968, and that in (my) (apintan death accurred an the date and haur and fram the saw the deceased alive an_ be retained shauld causes stated abave, (1) (wef (did) (did not) view the bady after death. 22c. DATE SIGNED 22b, SIGNATURE ATTENDING MED. DIRECTOR director, page 3 should be filed v DEGREE PHYS PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b. DATE 23c. NAME OF CEMEJERY OR CREMATORY (City or Town (County) 23a. BURIAL, CREMATION (State)

ADDRESS

DATE

VR A15 (4) = 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

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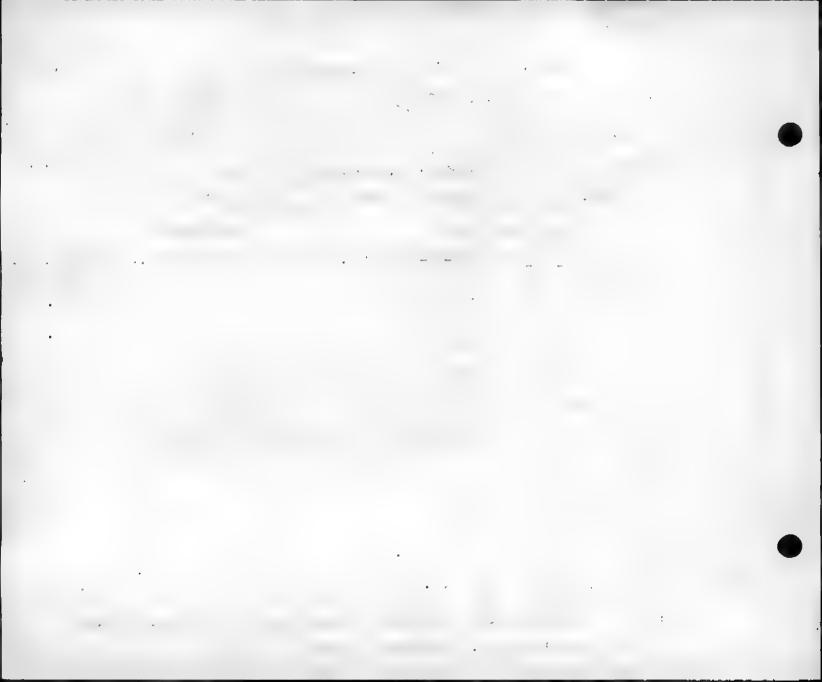
burial-transit

TO FUNERAL DIR' ATOR: page 3 show d bu detact

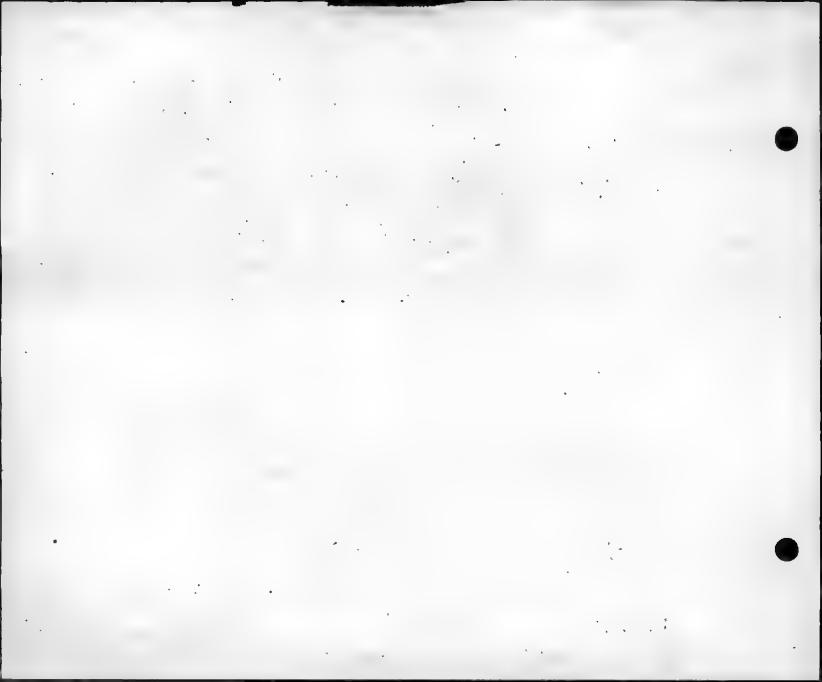
VR A1S (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00834 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEP DECEASED NAME Erst Middle Last 2d DATE KNOWN DATE Month Day 2b HOUR Year (Type or Print) GEORGE OTTO OF ESTI 1968 KRAEGENBRINK Jan 28 8 Au delay is and 3 to DEATH MATED IF JNDER 1 YEAR IF UNDER 24 HRS 6 AGE (n years 3 SEX 4 RACE S DATE OF BIRTH 2c. DATE PRONOJNCED DEAD 2d HOUR puo July 12, Male White 1893 Month Day Year YRS 19 Depor 7a BIRTHPLACE (State or fareign 9 COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED farm in Item 18. Give Poges 1, country) Ki sconsi n Dorchester USA WIDOWED T DIVORCED [State after death 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPIAL OR INSTITUTION (If not in hospital 120 JSJA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Cambridge Md. Mospital during most of working life, even if retired) **NDUSTRY** he Cambridge Dirt 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN FET, MIJ YED BOISH: ISE 13e STREET AND NUMBER deoth admissian) STATE Md. 13b COUNTYDorchester Cambridge YES TX NO 509 Gay Street hours Office CV. ofter ond 14. FATHER S NAME IS MOTHER'S MAIDEN NAME First Carl Kraegenbrink Annie Kramm hours Examiner's poges 16g. WAS DECEASED EVER IN U.S. ARMED FÖRCES? INFORMANT 166 SOCIAL SECURITY NO **218-20-3668** be executed within in pencil Mrs. James Moore, 509 Gay St., Cambridge. Md. (Yes, no, ar unknawn) (If yes give wor or dates of service) Q2 正 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH within 1B. CAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c)) permit. Chief Medica: PART I DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a) Cerebral vascular accident Unkn event DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave Pneumonia Hnkn rise to immediate cause (a), This certificate should writing the word dny DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause the burial Ş forwarded to ond PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 S removal, CERTIFICATION nsed 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. NO DE YES | be 10 21a EXTERNAL CAUSE WAS 21b TIME OF NJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 should should MEDICAL PR MARY OR CONTRIBUTING HOUR A M cremation, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, form, street, 21f LOCATION Street or R F D No. City or Town County State your factory, affice building, etc.) DIRECTOR: Page WHILE AT WORK AT WORK Poge burnol, ō 22a I certify that I took charge of the remains described above, held an Autopsy ... Inspection X, Inquity (and in my apinian Natural causes X retained death resulted from. Accident Suicide Homicide Undetermined manner prior to CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED the funeral FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE necessary, 90 1/129/68 DEPUTY MEDICAL EXAMINER K EXAMINER'S You Heolth Jr. M.D. John Wace NAME (Type ADDRESS(Street, city, town, or county) Cambridge. 230 BUR AL CREMATION 23c NAME OF CEMETERY OR CREMATORY 500 23b DATE 23d LOCATION (City or Town) (County) (State) BULL A Specify) Jan 31 1968 Dorchester Memorial Park! Cambridge. Maryland 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland VR A15ME (5) DATE JAN " when it was the 10M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06836 CERTIFICATE OF DEATH 00835 **DECEASED-NAME** First Middle 20. DATE OF DEATH 2b. HOUR low requires that the death certificate be executed within 24 hours ofter death (Type or print) idm 3. SEX IF UNDER 1 YEAR 6. AGE (in years MONTHS HOURS physician and completely filled in by the signed by the ottending physician and compress, bag buriol-transit permit. Then please remove carbon papers Pag buriol-transit permit. Then please remove the property within 72 hours 7a BIRTHPLACE (State or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED PR DIVORCED [LITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hosbital 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY, 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER Vienn a 13b COUNTY Middle 15. MOTHER'S MAIDEN NAME First Middle Last Delaha 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, or unknown lienna, Md 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (r).)
PART I DEATH WAS CAUSED BY PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF the hospitol or ottending physicion. stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) TO FUNERAL DIRECTOR: After this certificate has been 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 두 (If either, notify medical examiner) P.M. etached 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME FARM, STREET, EACTORY, \ 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram 1962, and that in (my) (aur) apinion death accurred on the date and hour and fram the saw the deceased alive on_ causes stated above. (1) (we) (did) (did-net) view the bady after death. 221 SIGNATHER 22c. DATE SIGNED PHYS 22d. PHYSICIAN'S director, should be (County) (State) Vienna Ma



TO HOSPITAL OR ATTENDING PHYSICIAN: The tow requires that the death certificate be executed within-24 hours ofter death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTORS After this certificate has been signed by the attending physicion and completely filted in director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon appears should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72

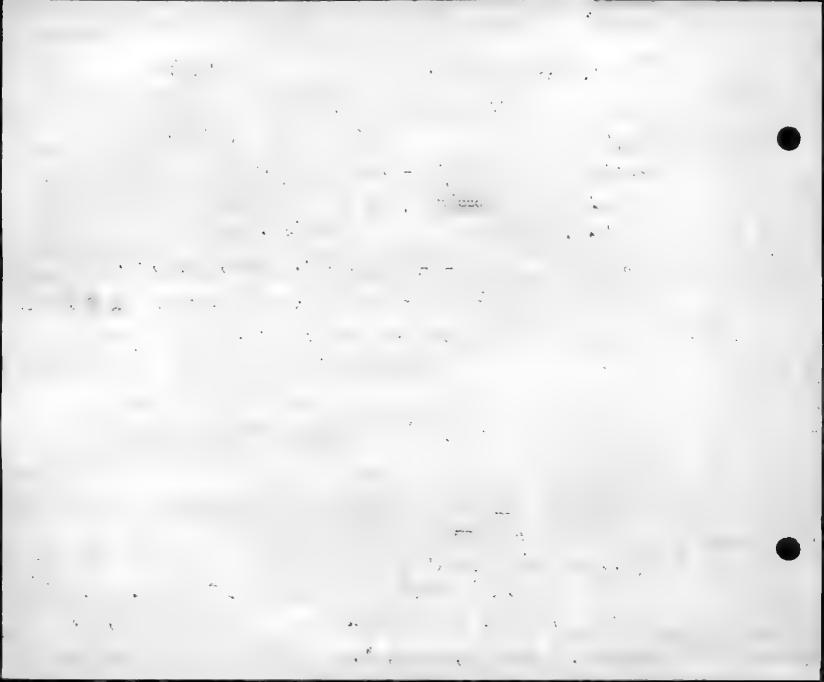
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00836

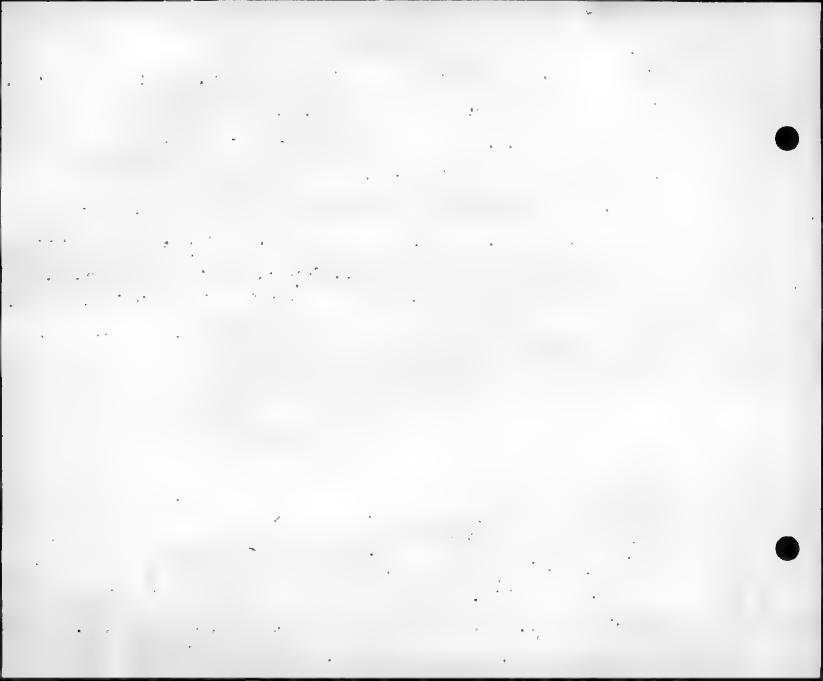
3. S	EX Female	4 RACE	2	5. DATE OF 7/5/	1899	6 AG	E (in years bothday) YRS.	MONTHS DAYS
7a (ou	BIRTHPLACE (State or foreign intry) Maryland GIV OR TOWN OF STATE	76. CITIZEN OF WHA	1 COUNTRY?	8. MARRIED NEVER A	DAKKIEUI	Dorchest		
10	CITY OR TOWN OF DEATH	11. NAA givest	NE OF HOSPITAL OR INS	Maryland	dury/porocy	OCCUPATION (Kind (of work done en fretired)	125 KIND OF BU INDUSTRY
	USUAL RESIDENCE (Where decinissian) STATE	eased lived, if institut o	Perthebelore	Irappe	YES NO S	0	ND NUMBER	
14,	Charles N.	Spence Middle	Lost	is. Mother s	ntha F. E	Bryan	Middle	
	n. WAS DECEASED EVER IN U.S. A Yes, no, or unknown) (If yes go		166 SOCIAL SECURITY N 212-34-34		L: LaPai	ize, Traj	pe, Ild.	•
	Canditions, if any, which gaves to immediate couse (o	(b)	A CONSEQUENCE OF	1 color	1 W	774		
27	rise to immediate couse (o stating the underlying cous lost. PART 2 OTHER SIGNIFICANT	(b)	A CONSEQUENCE OF	etastas	<u>es</u>		.RT 1(o)	
RT F CATION	rise to immediate couse (o stating the underlying coustost. PART 2 OTHER SIGNIFICANT (15 3 3 19a. DATE OF OPERATION 15 14 2 7 6 4 4 1	DUE TO, OR AS (4) CONDITIONS CONTRIBUTION CONDITION FOR WHICE	A CONSEQUENCE OF ING TO DEATH BUT NO H OPERATION WAS PER	OT RELATED TO THE TERM REFORMED YES	INAL DISEASE OR CON UTOPSY? NO	20b. IF YES, W CAUSES OF DE	VERE FINDINGS CO ATH2	ONSIDERED IN CER
CERT	rise to immediate couse (or stating the underlying couslost. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a ACCIDENT WAS UNDERLE OR CONTRIBUTING CAUSE OF (III either, natify medical exo	DUE TO, OR AS (4) CONDITIONS CONTRIBUTION CONDITION FOR WHICE CONDIT	A CONSEQUENCE OF NG TO DEATH BUT NO TH OPERATION WAS PER INJURY Month Day Year 19	REFORMED 200 AI YES 21c HOW INJURY	UTOPSY? NO CCURRED (Enter no	206. IF YES, W CAUSES OF DE	VERE FINDINGS CO ATH2 Ort 1 or Part 2, 11	tem 18.)
MEDICAL CERT F CATION	rise to immediate couse (a stating the underlying couslost. PART 2 OTHER SIGNIFICANT 53	DUE TO, OR AS (c) CONDITIONS CONTRIBUTION CONDITION FOR WHICE CONDITION FOR WHICE CONDITION FOR WHICE CONDITION FOR MAIN CONTRIBUTION	A CONSEQUENCE OF ING TO DEATH BUT NO H OPERATION WAS PER INJURY Month Day Year 19 AT HOME, FARM, STREET, FACOPFICE BUILDING, ETC.	REFORMED 200 AI YES 21c HOW INJURY 21f. LOCATION S 2 d from , and thot in	INAL DISEASE OR CON UTOPSY? NO OCCURRED (Enter no	20b. IF YES, W CAUSES OF DE Olure of injury in Po	VERE FINDINGS CO ATH2	tem 18.)
CERT	rise to immediate couse (a stating the underlying couslost. PART 2 OTHER SIGNIFICANT 53	DUE TO, OR AS (c) CONDITIONS CONTRIBUTION OF CONDITION FOR WHICE OF CONDIT	A CONSEQUENCE OF ING TO DEATH BUT NO H OPERATION WAS PER INJURY Month Day Year 19 At HOME, FARM, STREET, FAC OFFICE BUILDING, ETC. Indeed the decease 1	REFORMED 200 AI YES 21c HOW INJURY 211. LOCATION S ed from and thot in body ofter deoth.	INAL DISEASE OR CON UTOPSY? NO COURRED (Enter no other or R.F.D. No. (my) (aur) apinio	20b. IF YES, W CAUSES OF DE Olure of injury in Po	on 1 or Part 2, 11	tem 18.)



MARYLAND STATE DEPARTMENT OF HEALTH 06833 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00837 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b, HOUR (Type or print) Agnes Rvan Link 3. SEX vithin 72 hours after 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNDER ! YEAR last birthday) HOURS Female White Dec. 30, 1896 requires that the death certificate be executed within 24 hours 7a BIRTHPLACE (State or fareign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED TO NEVER MARRIED country) Baltimore DIVORCED X U.S. WIDOWED [Dorchester IN CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during mast of working life, even if retired.) give street address) INDUSTRY remave carban Cambridge Edlon Park Homemaker 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e STREET AND NUMBER Cambride 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Lost Thomas Rvan Consodine 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Ed Ion Park Yes, na. or unknown) 18. CAUSE OF DEATH (Enter only one cause per Juge for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Canditians, if any, which gave) burial-transit rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. Ng. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 220. I certify that (1) (this hospital) attended the deceased from 4 1951, to 1,30, 1968, that (1) (we) last saw the deceased alive on 1950, and that in (my) (obt) opinion death accurred on the date and have and from the causes stated above, (1) (we) (did) (du not) view the body after death. 225 STGNATURE 22c DATE SIGNED ATTENDING

F

STAFF DEGREE DIRECTOR PHY5. 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) 19 FRANKLIN St. CAMBRIDGE directar, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) B JRIAL, CREMATION ESEMONAL (Spacify) Dorchester Memorial Hark. Cambridge Md **HUNERAL DIRECTOR** REGISTRAR 25b. REGISTRAR'S SIGNATURE Cambridge.Md. DATE



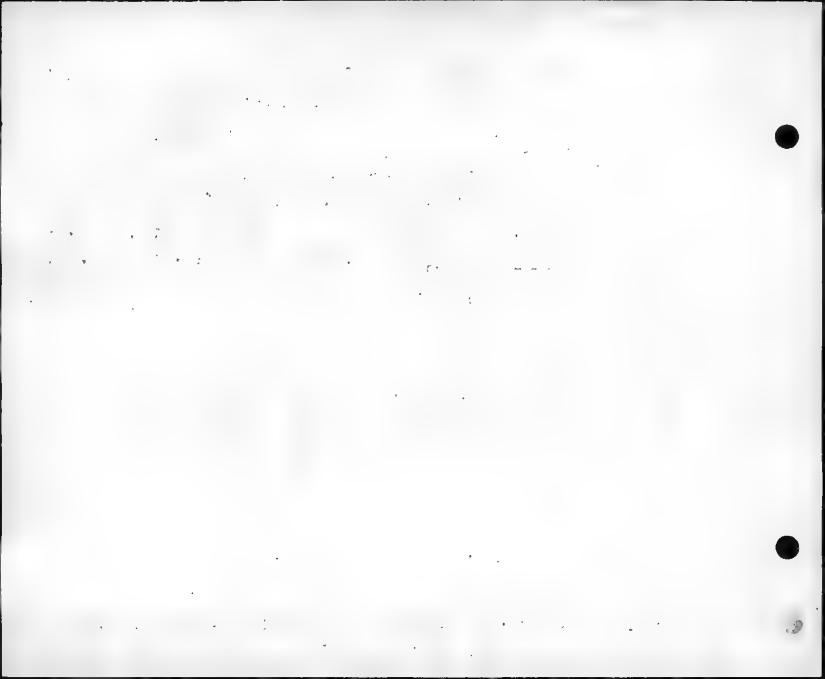
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

							DEATH					
	ECEASED-NAME Type or print)	First		Middle		Lost		2o. [DATE OF DEATH Month	Dev	Vear	2b HOUR
(1	The or bring	NAOMI		LEWIS	1	LOYD			Jan	10	1968	
3 SE	Female		4. RACE	White		Dec.		397	6 AGE (in last by the	yeors loy) YRS.	FUNDER YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS M.N.
7a. E cour	BIRTHPLACE (State a ntry) Maryla	fareign 7 ad		USA	8. MARRIEI WIDOWEI	NEVER MAR	RIED _		nty of DEATH Dercheste:	r		Mı
10 (Cambridge			1), NAME OF HOSPITAL OR give street address) Cambridge	Md. Ho	not in hospital			PATION (Kind of wo varking life, even if SOULLE		12b KIND OF INDUSTRY HORDS	
13a adm	USUAL RESIDENCE (ession) STATE Md	Vhere deceosed	l lived, if in	nstitution Residence before NIY Dorchester	e [13c CITY C	ridge	AEZ TA H		807 Peacl		som Ave	nue
14. [FATHER'S NAME	First Damiel	J.	dle Lost Lewis		IS. MOTHER'S MA		First		Middle	Mod	Last TC
16a. Y	(es, no, ar unknown)	(If yes give wor	D FORCES? or dates at serve	(4) I 6b. SOCIAL SECURIT	Y NO. 17	informant r. Robe	rt K.	Llej	rd, Cambr	idge,	Maryla	ınd
	18. CAUSE OF DE	ATH (Enter only I WAS CAUSED I IMMEDIATE which gave)	one couse ; BY: E CAUSE (o) DUE TO,	per line for (a), (b), and (ie C		-					MAYE INTERVA. NSET AND OFATH CLOSED
NO	PART 2 OTHER SIG	E.O.	Julia	TRIBUTING TO DEATH BUT	min	TO THE TERMINA		CONDITIO	ON GIVEN IN PART 1(ONCIDEDED IN C	PTIEVING
CERTIFICAT						YES 🗌	H0 [CAUSES OF DEATH?			
3	210 ACCIDENT WA	CAUSE OF DEATH	r) HOUR	ME OF INJURY A.M. Manth Day Ye P.M.	or 19		,		of injury in Port I o	or Part 2, 11	tem 18.)	
MEDI	21d. INSURY OCCU While Not what work at war	,		LURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.							Caunty	Stote
	22o. I certify	leceased aliv	ve on L	ottended the deced did) (did not) view th	_19_6 <i>\S</i> ?. o	nd that in (m	y) (our) of	6.7., pinion d	ta <u> </u>	, 19_ n the dat	<u>್ ತಿ</u> , that te and hour	(I) (we) la and from th
1	22b_SIGNATURE	15.	(3)	dodean	DE			MED. DIRECTOR	STAFF C	¬	DATE SIGNED	
	0						DEEC					
	0.0		d Si,	BILODEAU		22e. ADD ⊂ > V			M AKYL			
	22d PHYSICIAN'S NAME (Type) BURIAL, CREMATIO REMOVAL (Specify)	RICHA 1, 23b. DA	ATE .	23c NAME C		C A V	N BR ID	23d	LOCATION (City or To	own)	(County)	(Stote)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicio≡ o≡d com⊪letely filled in by the fur director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Cages 1 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

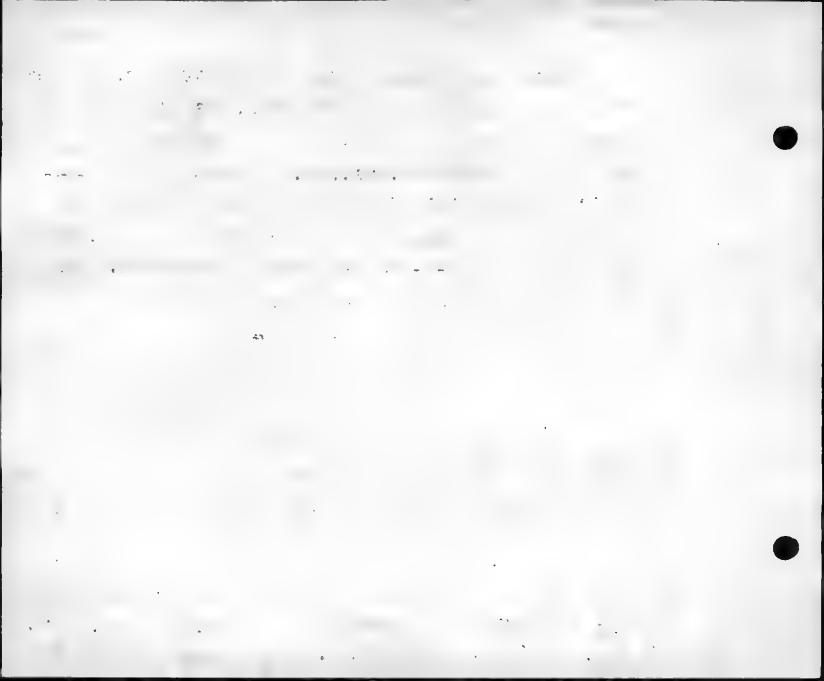


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

				ERTIFI	CATE OF	DEATH			008	39
	ECEASED NAME First		Middle		Last	2a.	DATE OF DEATH		v	2b HOUR
f.	ype or print)	TA LE	e Huchia	S	LYTE		JANUARY	Day	1968	8:30PM
3. SE		4. RACE			S. DATE OF I	BIRTH -	6 AGE (in vi		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN
	MALE	N	EGROID		FEB	RUARY 21.	1923 last hirthdo	YRS MO	NTHS DAYS	HUUKS MIN
	BIRTHPLACE (State or foreign	7b. CITIZEN OF WH	AT COUNTRY?	8. MARRIEI	NEVER MA	RRIED 9. COI	UNTY OF DEATH			
EQUI	MARYLAND	USA		WIDOWE		RCED [DORCHESTI	3R		Md
10. 0	ITY OR TOWN OF DEATH	11. NA	ME OF HOSPITAL OR INS	TITUTION (II	nat in haspital	12a USUAL OCC	UPATION (Kind of wor working life, even if re		125, KIND OF ! INDUSTRY	BUSINESS OR
	CAMBRIDGE	CA	MBRIDGE MI	HOE	P., IN	LA	working life, even if re BOKER		-	100
udm	USUAL RESIDENCE (Where deceases	13b. CONTACT	n. Residence before	CAMBE		YES NO	130 STREET AND NUM		AD	
14,	FATHER'S NAME First	Middle	Last		IS. MOTHER S A	VAIDEN NAME First	N	liddle		Lost
	ROBERT		HUGHES			ELEANOR			LeCOM	PTE
16a.	WAS DECEASED EVER IN U.S. ARA (es, no, or unknown) (if yes give w	AED FORCES?	16b. SOCIAL SECURITY N		. INFORMANT			Idress		
	NO		220-01-29	722 I	HISTE H	UCHES	1004 JIMS	ON RD.	2161	13
	18. CAUSE OF DEATH (Enter on		e for (a), (b), and (c).)							NSET AND DEATH
	PART I. DEATH WAS CAUSEI IMMEDIA) BY: NTE CAUSE (a)G	ENERALIZE	0 0	ARCINCE	Arosis				
	1541	,	S A CONSEQUENCE OF							
	Canditians, if any, which gave) (b) SOUAMOUS CELL CARCINOMA OF RECTUM									
	rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF									
	lost. (c)									
	PART 2. OTHER SIGNIFICANT COI	IDITIONS CONTRIBUT	ING TO DEATH BUT NO	OT RELATED	TO THE TERMIN	AL DISEASE OR CONDITI	ON GIVEN IN PART I(a)		
N.										
3			CH OPERATION WAS PER		20o AUT		20b. IF YES, WERE FII CAUSES OF DEATH?	NDINGS CONS	IDERED IN CE	RTIFYING
CERTIFICAT ON		ARCINOMA O	. 1/100 - 1 - 1		YES [-1 494				
1	21g. ACCIDENT WAS UNDERLYING CAUSE OF DEAT	IG 215 TIME OF	Manth Day Year	21c.	HOW INJURY O	CURRED (Enter natur	e of injury in Part 1 as	r Part 2, Item	18.]	
MEDICAL	(If either, natify medical exami	ner) PM.	19							
Σ	21d. INJURY OCCURRED 21e. While Nat while at wark at wark	PLACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	10RY) 21f.	LOCATION Str	set ar R.F.D. Na.	City or Town	(County	State
	DOLL L annalifier All add (1) Yell	is haspital) atte	nded the decease	d fram_	11-4	, 19.62.	to	, 19_6	& , that	(ID(we) last
	sow the deceosed a causes stated above	live on (did)	12-31 1 did not) view the l	9 <u>67</u> , a bady ofte	nd that in (t r deoth.	ny) (aur) apinion	deoth occurred an	the date	and haur	and from the
ш	22b SIGNATURE				ATTEND	INC MED	- STACE -	22c DAT	DATE SIGNED	
	Janu 7,1	7 - Cut	- , M.	D, DE	GREE PHYS.	DIRECTO	IR L. PHYS. L.	1	1-8-6	8
	22d. PHYSICIAN'S CHAME (Type) JAMES	F. M40	CARTER ,	4. D	22e. AC	DRESS BOX 3	BG LDGE, MA	RYLAN	0, 21	(13
230	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF	CEMETERY C	R CREMATORY	23d	LOCATION (City or You	wn) (County)	(State)
	REMOVAL (Specify)	1/7/68	M	ADISO	N		MADISON		R	MD.
24.	FUNERAL DIRECTOR	av.	ADDRESS			2Sa. REC'D BY REG	ISTRAR 2Sb REG	Clar	NATURE	442
-	Tuluel ("	Haus	CAMB	RIDGE	, MD.	DATE AN 1	2 1968	cherre.	~	0

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeraladirector, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2-hould be filed with the State Dept. at Health priar ta burial, cremation, ar remaval, and in any event, within 72 haurs after death. OM REV. VS8



MARYLAND STATE DEPARTMENT OF HEALTH

00540

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36841 CERTIFICATE OF DEATH Middle Lost 20. DATE OF DEATH 1. DECEASED-NAME First 2b. HOUR physician and camplerely filled in by the Luneral in please remove carbon papers. Pages Ford oval, and in any event, within 72 haurs after death (Type or print) Year 68 Danie William ason January IF UNDER 1 YEAR IF UNDER 24 HRS. 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years lost birthday) MONTHS HOURS requires that the death certificate be executed within 24 haurs aft 02-2T-82 Male White 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED [] NEVER MARRIED [] country) WIDOWED DIVORCED [Dorchester Maryl and 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most of working life, even if retired)
Waterman and farmer give street address) INDUSTRY Cambridge (mral) | Fastern Shoré State Eastern Shore State Hosp 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b. COUNTY Somerset Deals Jain and in any 14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Charles Virginia Thomas Mason 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, na. ar unknawn) ar removal. Records of the astern Shore State Hospital signed by the attending phy 1B. CAUSE OF DEATH (Enter only one cause per light fox (o), BETWEEN ONSET AND DEAT PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISBASE OR CONDITION GIVEN IN PART 160 has been CAUSES OF DEATH? YES 🔲 NO | O FUNERAL DIRECTOR: After this certificate 2 a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) GOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, 1 21f LOCATION Street or R.F.D. No. State City or Town County While Not while at wark at wark 220. I certify that ((this haspital) attended the deceased from 4 saw the deceased alive on-1963, and that in (my) (cor) opinion death accurred on the date and hour and from the director, page 3 shauld Shauld be filed with the couses stated abave, (1) (aid) (did not) view the body after death 22b SIGNATURE 22c. DATE SIGNED STAFF PHYS. DEGREE PHYS. DIRECTOR 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) 23a BUR AL, CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORS 23d, LOCATION (City or Town) (County) (State) TO How's E melere 24 FUNERAL DIRECTOR REGISTRAR'S SIGNATUR 30M REV



36.842

uneral 7 and 2

E S

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled. by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haws

Page 4 may be retained by the haspital or attending physician.

death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00841

	., -			(ERTIF	CATE OF DEATH				1/1/	, x x
	CEASED-NAME ype or print)	First Edna	1	Middle Willson	1	lost	Jan.		Doy 198	lejík	2b. HOUR
3. SE.		Female	4. RACE	White		S. DATE OF BIRTH Aug. 17, 18	6. A	GE (In years Dogshady)	IF UNDER		IF UNDER 24 HRS.
7a B coun	IRTHPLACE (Sto	ite ar foreian	76 CITIZEN OF W	HAT COUNTRY?	8. MARRIE WIDOWE	NEVER MARRIED	9 COUNTY OF DEAT	ТН			
	Hurl	OF DEATH	11. N give	AME OF HOSPITAL OR INS	en N	rot in hospital 120 USL arsing Hoffe 9 "	AL OCCUPATION (Kind			KIND OF I	BUSINESS OR
	USUAL RESIDEN	CE (Where deceos .ryland	od lived, if institut	non Residence before Lester		bridge YES N	°□ 307	AND NUMBER West	End	Av	Θ.,
14. F	ATHER'S NAME	First	Middle	Last		15. MOTHER S MAIDEN NAME		Middle			Lost
		Ambro		Will			ophie	3 7 ku G			ston
	es, no, grunkno	EVER IN U.S. ARN	IED FORCES? or or dates of service)	16b. SOCIAL SECURITY I		. informant J. Emerson M	atthews.	1			Ave.
\neg	IB. CAUSE OF	F DEATH (Enter on	y one couse per 4	pe_for (o), (b), ond (c).		7,23, 01 2011		O OCTION 2		APPROXIA	MATE INTERVAL NSET AND DEATH
		DEATH WAS CAUSED		Gronch	1	reu mari	4			6.0	days
	*	111111254		AS A CONSEQUENCE OF			1		,	ıΛ	1
		any, which gove) diate cause (a),	(b) t	Respira	lo Yu	by tul	liteale	-	/	4 (zerys
	stating the u	nderlying cause	DUE TO, OR	AS A CONSEQUENCE OF							
	lost. 5 2	7 3. 1	(c)	ITING TO DEATH BUT NO	OT DELATED	TO THE TERMINAL DISCUSS OF	CONDITION CIVEN BY	ABT 17-1			
~		City	DHIONS CONTRIBE	JING TO DEATH BUT N	JI KELATED	TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN I	AKI I(0)			
CERTIFICATION	190. DATE OF C	PERATION 19b.	CONDITION FOR WI	TICH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES NO	CAUSES OF T	WERE FINDING DEATH?	S CONSIDER	ED IN CE	RTIFYING
MEDICAL CER	OR CONTRIBUT	TWAS UNDERLYIN ING CAUSE OF DEAT Ify medical exomin	HOUR A.M P.M.	Month Doy Year	,	HOW INJURY OCCURRED (Ent		art 1 or Port	2, Item 18.		
ME	21d INJURY (While I No at work a	wark				LOCATION Street or R.F.D. N	14 1	3 '7	Count	•	Stole
	22a. I cert saw t cause	ify that (I) (th he deceased a s stated abave	is haspital) att live an (i) (i) , (I) (we)(did)	ended the decease LLG 1 3 LT (did nat) view the	od frame 9 60, a bady afte	nd that in (my) (aur) ar r death.	oinian death accui	red on the	date and	, that havro	(I) (we) la and fram th
	22b SIGNATUR	Corls	f na	wo	ND DE	GREE PHYS.	MED STA	FF C	2c. DATE SIG	NED	
	22d. PHYSICIA NAME (T	ype) CAU		BARQU		10 11/11/11/0			Dore	heJe	· Md
	BURIAL, CREM.	en) J			New	Market Cem	23d LOCATION (G	at Ne	(Cour W 11a.	nke	(Stole) t,Md.
247	SUNERAL DIREC	TOR AD 2	1 ~	ADDRESS Cambr			BY REGISTRAR B 1 1968	25b. REGISTR	AR'S SIGNATI	Jee	egr.





MARYLAND STATE DEPARTMENT OF HEALTH 111844 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00843 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED NAME First Middle 20 DATE KNOWN[] Month Day Year 2b HOUR (Type or Print) ESTI-HOBART THOMAS Jan 26 10 68 MILLS 10 DEATH MATED & AGE (in years IF LINDER + YEAR 3 SEX 4. RACE S DATE OF BIRTH SE JINDER 24 HRS 2c DATE PRONOJINCED DEAD 2d. HOUR gud HOURS White Male July 21 1899 Yeor 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Maryland Dorchester USA WIDOWED [77] DIVORCED [in Item 18. Give Pages 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OF UNSTITUTION (If not in hospital 120 JSJAL OCCUPATION (Kind of work done 12b K ND OF BUSINESS OR Give street oddress) DOA Cambridge Md. Hospital during most of working life even if retired) Toddville 130 USUAL RESIDENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY L MITS? 13e STREET AND NUMBER odmission) STATE MA 13b. COUNTY Dorchester Toddville YES NO IX None land 2 after First IS MOTHER'S MAIDEN NAME First 14. FATHER S NAME Last Middle Millard Mills Missouri ₩. Cannon bages 16b. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS pencil be executed within (Yes, no, or unknown) Mrs. Hobart T. Mills, Toddville, Maryland 249-28-8286 <u>ده</u> within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE (AUSE (a) Crushing wound of chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave a Coronary occlusion rise to immediate cause (a). This certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Ę PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES TO NO certificate, 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) PRIMARY OR CONTRIBLTING CAUSE OF DEATH Fell from tractor under trailer wheel DICAL EXAMINER: 21d. INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory_office building, etc.) Md. Toddville WHILE AT WORK Dor. Highway 22a. I certify that I took charge of the remains described above, held an Autapsy (\$\overline{x}\$), Inspection (\$\overline{x}\$), Inspection (\$\overline{x}\$), and in my apinian death resulted from: Natural couses . Accident Suicide . Homicide | Undetermined monner X CHIEF MED CAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X John Mace Jr. M.D. ADDRESS(Street, city, town, or county) hid . Cambridge. 50 230 BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE (County) Jan 28 1968 Cambridge, Maryland Dorchester Memorial Park

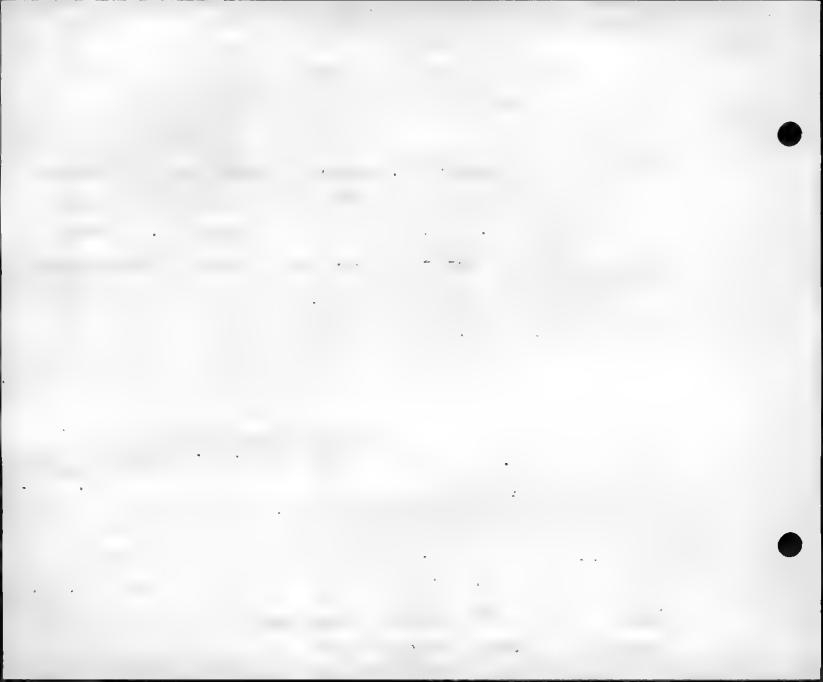
256 REGISTRAR'S SIGNALUREET

250 RECD BY REG STRAR

VR A15ME [5]

24 FUNERAL DIRECTOR

LeCompte Funeral Service, Cambridge, Maryland



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate lie executed within 24 leaurs after-

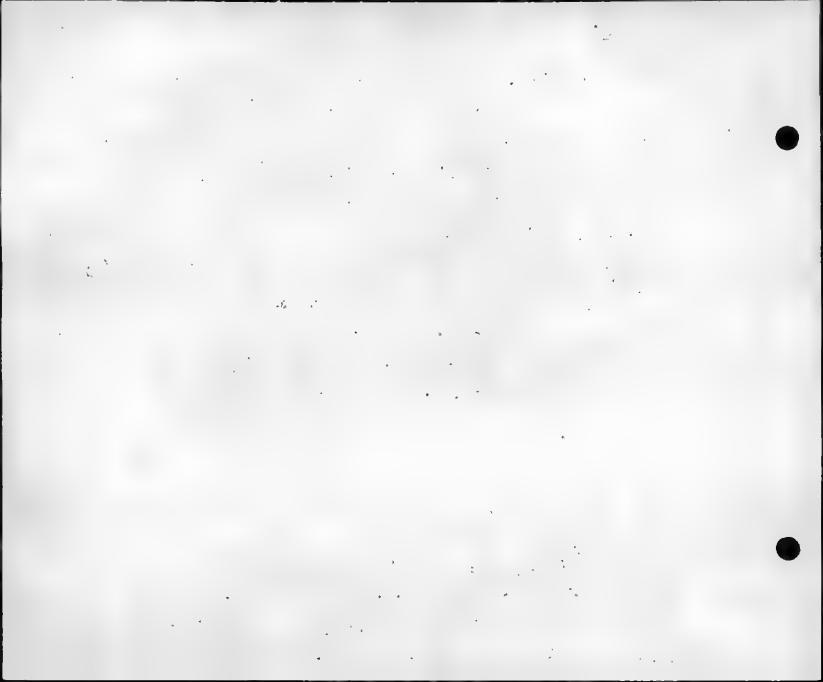
Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00844

INA	V	00040	CERTIFICATE OF DEATH	00044
To de	1	1. DECEASED-NAME (Type or print) OSC BR	Middle Last Last 20 DATE OF	DEATH Day 2 Year 68 M
y the folleral Page Lape urs after death		3. SEX 4. RACE	W S. DATE OF BIRTH JULY 3, 1988	6 AGE (In years of UNDER 1 YEAR of UNDER 24 HRS last for the ay) YRS. MONTHS DAYS HOURS MIN.
d in by pers. P 72 haur		country		ORCHESTER Md
nd campletely filled in by the remave carban papers. Pag any event, within 72 hours		1 duRLock 19	MAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working	tife, even if retired) INDUSTRY
campletely ave carbar y event, wi		13a USUAL RESIDENCE (Where deceased lived, if instances of the country of the cou	Tution Residence before 13c ETTY OR TOWN 13d INSIDE CITY LIMITS? 13e. ST	TREET AND NUMBER
signed by the attending physician and co burial-transit permit. Then please rema burial, crematian, or removal, and in any	Ĺ	14. FATHER'S NAME First Middle	MURPHY	Middle ANDREWS
the attending physician and sit permit. Then please remnation, or removal, and in an		16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or ynkigown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO. 17. INFORMANT WALTER MURPH	
nding prit. The prince or remo		18. CAUSE OF DEATH (Enter only one cause pe PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Ine for (a), (b), and (d).) Acute Brochhial Phaumonia	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH Q y a
the attendir sit permit. nation, or re		Canditions, if any, which gave	R AS A CONSEQUENCE OF Influenza ? Severe	5 days
signed by the burial-transit burial, cremat		siding the orderlying coose!	r AS A CONSEQUENCE OF Debility Anterisaclerasi Čener	leix 10 yrs
en signed he burial-t ta burial, c		AND SHORT STATE OF THE STATE OF	Buting to DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE erately Controlled Right Leg A	n in part i(a) mputated
e has been use as the alth priar ta	1.	19a. DATE OF OPERATION 19b. CONDITION FOR		F YES, WERE FINDINGS (ONSIDERED IN CERTIFYING S OF DEATH?
er this certificate has been e detached far use as the ate Dept, af Health prior ta		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner)		ry in Part 1 or Part 2, Hem 18)
this cer letache e Dept.	ı	21d INJURY OCCURRED 21e PLACE OF INJUR While Not while	OFFICE BUILDING, ETC.	or Tawn County State
AF 0 S		22a. I certify that (I) (this hospital), saw the deceased alive on causes stated above. (I) (we) (deceased alive on the courses stated above.	ottended the deceosed from 10/2/50, 19 10, 10 20 19/68 19 , and that in (my) (our) opinion death d) (did nat) view the body ofter death.	occurred on the date and hour and from the
FUNERAL DIRECTOR: rectar, page 3 shauld nould be filed with the		224 SIGNATURE	DEGREE PHYS DIRECTOR	STAFF D 22x DATE SIGNED PHYS D 1/22/68
NERAL tar, pa ild be fi	1		Numger M.D. Preston Laryla	
direct should be	3	230) BURIAL (REMATION, 28b. DATE SEMOVALISPECTY) JOHN LY	1968 CONGORD CO	ON (City or Town) (County) (Stote), WCORD CAR, MD.
VR A15 (4) 30M REV 1/68	× .	24. FUNERAL DIRECTOR CHOTOR LESS V. MOD	RE DENTON MD 250. RECO BY REGISTRAR DATE	1968 Floring June June



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00846 CERTIFICATE OF DEATH 00845 1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR (Type or print) Month DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 3. SEX 4 RACE lost birthdoy) MONTHS DAYS 70 BIRTHPLACE (Stote or foreign, country) KENT COUNTY **4...COUNTY OF DEATH** 24 haur 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED 💢 NEVER MARRIED 🗌 papers. physician and completely filled in DIVORCED [WIDOWED [MARULAND within 10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12a USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR requires that the leath certificate be executed within give street, address) during most of working life, eyen if retired.) carban EASTEPN Shace House Wife 13c CITY OR TOWN 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before, 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO X Kock геточе crematian, or remayal, and in any 14 FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle signed by the attending physician case the please SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN DINSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Conditions, if ony, which gove) use to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying cousei PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been etached far use as the Dept. af Health priar ta 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES 🖂 NO 🗔 hospital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D No. City or Town County Stote While Not while at work 22a. I **certify** that (1) (this haspital) attended the deceased from 12-30-, 1967, ta saw the deceased alive an... and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 226 STONATUR 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. director, page 3 shauld be filed v DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) EBSTERA 23c. NAME OF CEMETERY OR CREMATORY 230. BUR.AL CREMATION 23b DATE LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) FUNERAL DIRECTOR REC'D_BY REGISTRAR 256. REGISTRAR S SUGNATURE VR A15 [4] LOMPTE FUNERAL SER 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 33847 00846 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a DATE OF DEATH 2b HOUR The law requims that the death certificate lie executed within 24 haum after death. (Type or print) JANUARY DAISEY PAYNE S. DATE OF BIRTH 6. AGE (In years 3. SEX 4. RACE campletely filled in by the fu lave carban papers. Pages 1 y event, within 72 haurs after last birthday) MONTHS DAYS HOURS AUGUST 30. 1895 FEMALE NEGROTO 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a BIRTHPLACE (State or fare gn 8. MARRIED NEVER MARRIED MARYLAND WIDOWED TO DIVORCED [77] DORCHESTER USA 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR CAMBRIDGE MD. HOSP. during most of working life, even if retired) remove carban CAMBRIDGE burial, cremation, ar remayal, and in any event. 13a USLAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? admission VIAND TORCHESTER YES X 610 DOUGLAS STREET CAMBRIDGE 14 FATHER'S NAME 15. MOTHER S MAIDEN NAME First Middle First Last Last CHARLES PAYNE JENNIE SEYMORE 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no or unknown) (If yes give war or dates at service) 507 DUNN'S CT. 21613 220-03-2007A NICTE ENNALS attending phys APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a)

Cardiac dec BETWEEN ONSET AND DEATH Cardiac decompensation DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic C.V.D. Canditions, if any, which gave signed by the burial-transit p rise ta immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stating the underlying cause. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES THE HO T O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R F.D. No. 21d INJURY OCCURRED City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from Sept. 15, saw the deceased alivernal and that in (my) 19 67 toJan. 5, 19_08 , that (I) (we) lost and that in (my) (aur) apinion death accurred on the date and haur and from the , page 3 should be filed with the causes grated above (V (we) (due) (did not) view the bady after death. 22b. SIGNATUR 22c DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS. 1/6/68 DEGREE PHYS PHYSICIAN S NAME (Type) 226620 HIGH Street, cambridge, Maryland EDVIN FASSETT. M.D. director, I should be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (State) 23g. BURIAL, CREMATION, BIDYINGED CAMBRIDGE DOR. MD. 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 1968 CAMBRIDGE. MD.



ond 2

24 hours

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the summeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers, Pages I and 2 and 2 and 2 and 2 and 10 and 10

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

Page 4 may be retained by the haspital or attending physician.

30M REV 1/6

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00847

- 1		CENTIFICATE OF DEATH
		CEASED-NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR ype or print)
		11/2e 11. Tolh 1-13-1988 8 MN
	3. SE	S. DATE OF BIRTH 6. AGE (In years IF UNDER YEAR IF UNDER 24 MRS LOS DOTO Red 10-29-00 YRS MONTHS OAYS HOURS MIN
		SIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH ,
	COUN	Mryland U.S.A. WIDOWED DIVORCED Donchester Md
,	10 C	TTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in haspital during nost of working) fig. even if retired.) 12. NAME OF HOSPITAL OR INSTITUTION (if not in haspital during nost of working) fig. even if retired.) 12. NAME OF HOSPITAL OR INSTITUTION (if not in haspital during nost of working) fig. even if retired.)
,		ambridge Ind. Eastern Shore State NOSP. Dearnter
5	odmı	USJA. RESIDENCE (Where deceosed lived, if institution Residence before 13c, City or TOWN 13d INSIDE CITY LIMITS? 13d. STREET AND NUMBER SSION) STATE MARY And 13b. COUNTY Wic. 0011en, Md. YES NOTE 124. #2-011en Md.
	14. F	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Volume First Middle Lost
		WAS DECEASED/EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Shore. 54x Husp. Camb. M
		APPEOXIMATE INTERVAL
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE 1 DAY
		DUE TO, OR AS A CONSEQUENCE OF
		Conditions, if any, which gave (b) SEPTICEMIA.
		stating the underlying couse DUE 10, OR AS A CONSEQUENCE OF
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
V	*,0	CACHEXIA, CEREBRAL THOMBOSIS, SYPHILIS, CHRONIC BRAIN SYNDROME
A.	CERTIFICATION	190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	RTIFIC	YES NO CAUSES OF DEATH?
	MEDICEII CE	21c. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. 19
		21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County State work at work
		22a. I certify that (1) (this hospital) ottended the deceased fram JAN (2, 1967, to JAN (3, 1967, that (1) (we) las
		saw the deceased alive on TAN 13 1967, and that in (my) (our) opinion death accurred an the date and hour and from the causes stated abave, (I) (we) (did) (d id not) view the body after death.
		22b SIGNATURE RED. STAFF DIRECTOR DAN 13, 1968
		22d PHYSICIAN'S SEAN M. KILLORAN 22e ADDRESS 7415 BLAIR ST. WASHINGTON, D.C.
	23a.	BURIA, CREMATION, 23b. DATE 23: NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
	0.1	BHOVALSpecify L 1-16-68 GREEN ACRES SALISBURY WKO Md.
3	24.	EUNERAL DIRECTOR ADDRESS ADDRESS Kerad No. REC'D BY REGISTRAR 25b REG STRAR'S SIGNATURE FOR THE SUSPENDALIAN 18 1968 RECORD STRAR'S SIGNATURE FOR THE SUSPENDALIAN 18 1968



MARYLAND STATE DEPARTMENT OF HEALTH 06849 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00848and 2 death. DECEASED-NAME Middle Last 2o. DATE OF DEATH 2b HOUR (Type or print) REDDEN pear AWELDA after IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4 RACE S.DATE OF BIRTH 6. AGE (In years physician and completely filled in by the fi en please remave carban papers. Pages law requires that the death certificate be executed within 24 haurs afti (irthday)طبتوها ban papers. Page within 72 haurs a 7a, BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED T NEVER MARRIED WIDOWED DA DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR during most of working life, even if retired.) and in any event, 13C CITY OR TOWN 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 136 COUNTY 2/7 ACGL CODGELY YES 🔽 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Last Lost 16b. SOCIAL SECURITY NO. 17 INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? MARION Yes, no, or ugknown) burial, crematian, ar remaval, the attending partit The 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Infleenze BETWEEN ONSET AND DEATH Influenza Type TOYET TO STATE DIRECTOR: After this certificate has been signed by the attending structure of chariff he detached far use as the burial-transit permit. 3days DUE TO, OR AS A CONSEQUENCE OF withdebility Chesity and uncontrolled Conditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause (a) Diabtess, Also Auricular Fibrillation .Ovrs PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior tal 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? NO T YES 🖂 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, natify medical examiner) 21d INJURY OCCURRED 23e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 23f. LOCATION Street or R.F.D. No County Stote City or Town While Nat while at wark 22a. I **certify** that (I) (this haspital) attended the deceased from \$\frac{10.00}{20.00}\$ sow the deceased alive an \$\frac{10.00}{20.00}\$ (and that in (my) (causes stated abave, (I) (we) (did) (did not) view the bady after death. director, page 3 secures should be filed with the St and that in (my) (our) apinion death accurred on the date and have and from the 226 SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF PHYS. DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS Harol NAME (Type) .Plummer I.C.Box#1 Prs. ton

23c NAME OF CEMETERY OR CREMATORY

LOCATION (City or Town)

((eunty)

(State)

30M REV. 1/68

24

EUNFRAL DIRECTOR



30850

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

					CEKIIF	ICATE OF	DEATH				UUN	49
Type or pnnt)	THOMA	S		Middle C.	RI	PPONS		20. DA	TE OF DEATH Mooth Jan	. ^{Day} 24	1968	
Male		4 RACE	White			S. DATE OF I	h 28,	1892	6. AGE (In ye		JNDER 1 YEAR NTHS DAYS	HOURS M.N.
Ta BIRTHPLACE (State country) Maryla	or foreign	76 CITIZEN	OF WHAT CO	UNTRY?	8 MARRIE WIDOWE	D NEVER MA	RRIED []		y of DEATH Dorcheste	r		N
Cambrid				HOSPITAL OR INS	l. Hos	pital	12a US during	UAL OCCUPA most of wor NA COL	ATION (Kind of work rking life, even if re RAM — REC	done tired.)	125 KIND OF E	
30 USUAL RESIDENCE podmission) STATE	(Where deceases	ived, if i	Institution Ri	hester	Hoor	OR TOWN	YES T	LHM 159 [;	Be. STREET AND NUM None	BER		
14 FATHER'S NAME	Thomas		^{ddle} Lppo ns	Last		15. MOTHER'S A	IAIDEN NAME	First Anna	3. W	ddle	Tyber	Last
16a. WAS DECEASED EV Yes na ar unknown				OCIAL SECURITY I	NO 17	INFORMANT IS. BOX	ijamin	Park	, Hooper	avill	e, Md.	
18. CAUSE OF D	EATH (Enter only TH WAS CAUSED	one couse BY. F CAUSE (o		(o), (b), ond (c).		EBRAL H	EMORRH	AGE			APPROXIM BETWEEN ON 12-30	ATE INTERVAL USET AND DEATH
Conditions, If ony, which gave anset to mimediate course (a). (b) ARTERIOSCIEROSIS												
stating the under	erlying cause	(c)						uricular Fibrillai			
4	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIABETES MELILITUS											
19a. DATE OF OPER	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b IF YES, WERE FINDINGS CO							DINGS CONS	IDERED IN CE	RTIFYING		
2 or ACCIDENT W	CAUSE OF DEATH	HOUR	TIME OF INJUR CA.M. Mor P.M.	RY 1th Day Yeor 14		HOW INJURY O	CURRED (En	ter noture o	f injury in Part 1 or	Port 2, Item	18.)	
While Nat w	ork —			NE, FARM, STREET, FAI BUILDING, ETC.					City or Town		County	State
saw the	22a. I certify that (1) (this hospital) attended the deceased from 12-31-67, 19, to 1-24-68, 19, that (1) (we) last saw the deceased alive on 1-24-68, 19, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.											
22b. SIGNATURE	but?	£7/	Sun	ker	mo		美	MED. DIRECTOR	STAFF PHYS.		E SIGNED 26–68	
22d. PHYSICIAN'S NAME (Type)	ALBER	TE.	BUNKE	R, M.D.		22e. AD 200	Md. A	ve.,C	ambridge,	Md.	2161	3
23a. BURIAL, CREMATIC REMOVAL (Specify		ATE 27,	1968	23c. NAME OF Dorche		R CREMATORY Memoria	1 Park		CATION (City or Town		County)	(State)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages hand, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death VR A15 (4) 30M REV. 1/68

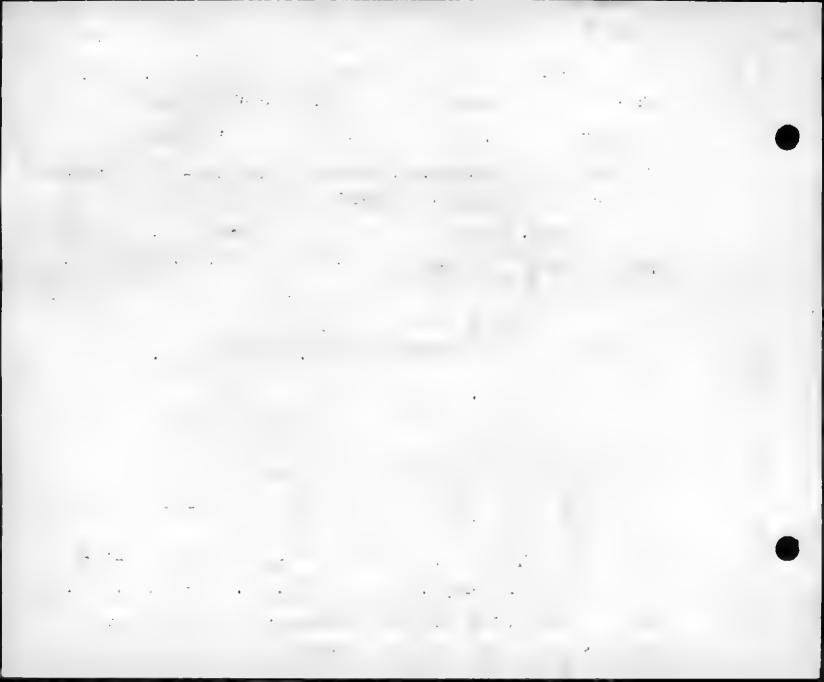
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

Page 4 may be retained by the hospital or attending physician.

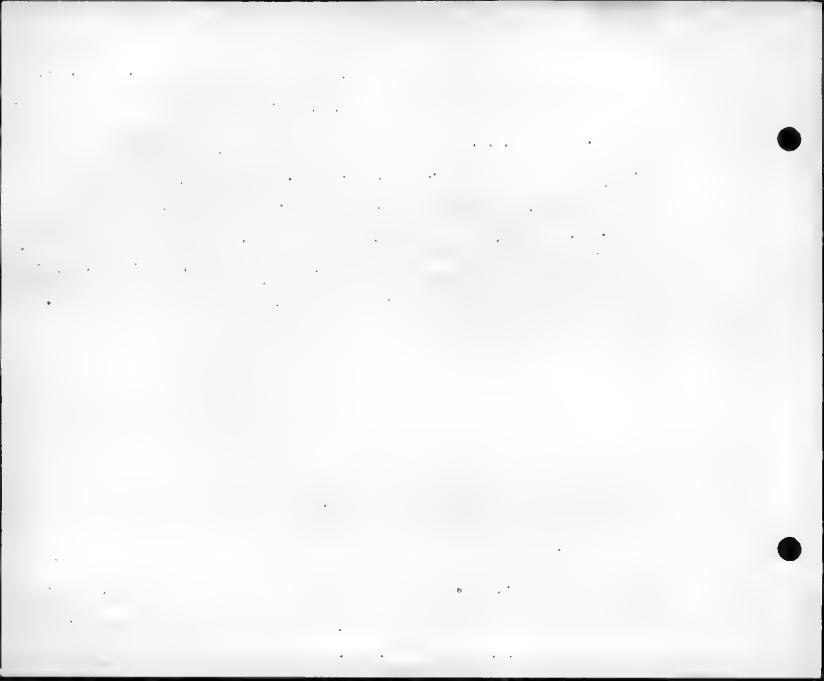
24 FUNERAL DIRECTOR
LeCompte Funeral Service, Cambridge, Maryland

250. REC'D BY REGISTRAR DATE JAN 30

1938 1938 REGISTRAR'S SIGNATURE water y ages



MARYLAND STATE DEPARTMENT OF HEALTH 36851 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00850 20 DATE OF DEATH DECEASED-NAME First Middle Lost 2b. HOUR the attending physician and campletely filled in by the funeral sit permit. Then please remave carbon papers. Pages 1 apd nation, at remayal, and in any event, within 72 haurs after death (Type or print) Robinson 5:30P January S. DATE OF BIRTH 6. AGE (In veors IF UNDER 1 YEAR F JNDER 24 HRS 3. SEX 4. RACE MONTHS requires that the death certificate be executed within 24 hours a $t_{\!\!4}$ January 27, 1968 White Female 75 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a BIRTHPLACE (State or fare an 8. MARRIED NEVER MARRIED (ountry) Maryland Dorches ter U.S.A. WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Gambridge Maryland Hosp during most of working life, even if retired) INDUSTRY Cambridge 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before, 13c. CITY OR TOWN admission), STATE 11d, 13b COUNTY 1 1 DOT, 13e. STREET AND NUMBER Harrison St. 13d INSIDE CITY LIMITS? 14 FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME First Lost Fobert Robinson Muddle Meade Arlene 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) 120 N. Jarrison St. Maston 1'd Mother CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))
 PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) . DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) as the O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19c. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO DO YES 🗔 far use Health r 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from January 27, 19.68, to January 2,719.68, that (I) (we) last saw the deceased alive an January 27, 19.68, and that in (my) (aur) apprian death accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the body after death. 22c DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS. 1-29-68 DEGREE PHYS. 22e ADDRESS 22d. PHYSICIAN'S ilbur N. Raumann 10 Aurora St Cambridge, Varyland NAME (Type) Dr director, shauld l 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 230 BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) X Cambridge Dorchester Maryland January 27.08 Cambridge Md. Hospita1 25b. REGISTRARS SIGNATURE 2So. REC'D BY REG.STRAR 24. FUNERAL DIRECTOR Katherine Williams k.N. Cambridge.Md. Josp.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00851HEALTH DEPT DECEASED-NAME Erst M.øde Last 2a DATE KNOWN Month 2b HOJR Day Year (Type or Print) ELLA THE PERSON ROWLISON OF ESTIr delay is and 3 to Jan 24 .68 3 Pode 4 A DEATH MATED Ent 1876 6 4 RACE IF JINDER 24 HRS 3 SEX S DATE OF BIRTH AGE (1 years los) 2c. DATE PRONOUNCED DEAD 2d HOUR P.M.3. partm Female White June 24 kark Month Year Day 7a. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH form pencil in Item 18. Give Poges 1, country) Kentucky Dorchester USA WIDOWED T DIVORCED | State 10. CITY OR TOWN OF DEATH With 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospite 12a USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR 1001 Hambrooks Blv1d during most of working life, even if retired.) **Housewife** INDUSTRY Cambridge with the along 130 USUAL RESIDENCE (Where deceased lead, first, tut on Residence before 13c CITY OR TOWN 13d INSIDE CITY SMITS? 13e STREET AND NUMBER admission) STATE Md 13b COUNTY Dorchester 1001 Hambrooks Blv'd. Cambridge YES NO TY Office omd2 after 14. FATHER'S NAME Middle First Lost .S. MOTHER'S MAIDEN NAME First Middle John Kirtley Nuchols Entine haurs Examiner's poges 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. be executed within Mrs. Tawes Insley, (Yes, no or unknown) Cambridge, Maryland (If yes give war or dates of service) unk File APPROXIMATE INTERVAL ,⊊ within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) permit BETWEEN ONSET AND DEATH Medical PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Instant pending event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditians, if any, which gave rise to immediate cause (a), writing the word This certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Ξ ond PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) forworded remilivo CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES IXT NO [þe 9 2 a EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. EXAMINER: cremotion, CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street of R.F.D. No. City or Town County State YOUR factory, affice building, etc.) abo NOT WHILE IT AT WORK RAIL DIRECTOR: P. burial for 22a. I certify that I taak charge of the remains described above, held on Autopsy Inspection K Inquiry [and in my apinian Surcide [retained death resulted fram. Natural causes Accident . Hom:cide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL funeral ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER FINE FXAMINER'S moy Health John Mace Jr. M.D. NAME (Tyce) ADDRESS(Street, city, tawn, ar county) Md. Cembridge 23c NAME OF CEMETERY OR CREMATORY 0 230 BUR AL CREMATION 23b DATE 23d LOCAT ON (City or Town) (County) (State) 1968 Dorchester Memorial Park Cambridge, Maryland ADDRESS 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland ocharles VR A15ME (5) 10M REV 1/68



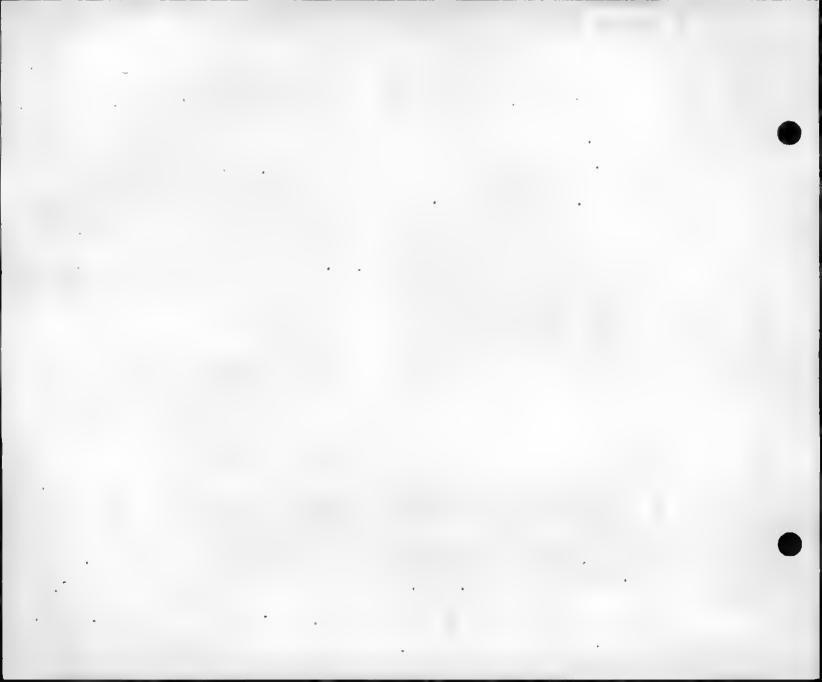
Howard Cambridge, Md.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00853MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME M.ddle Lost 2a DATE KNOWN Manth Day Yeor Schlee (Type or Print) Carolyn Rita EST 1-11-DEATH MATED IF JHDER 1 YEAR F JHDER 24 HRS 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In vitors 2c DATE PRONOUNCED DEAD 4/1/1893 White Female with the State Depart 70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED THEVER MARRIED 9. COUNTY OF DEATH pencil in Item 18 Give Poges 1, country) N.J. USA WIDOWED [DIVORCED [Dorchester 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working I for even if ret red.) give street address) INDUSTRY Secretary 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 3d INSIDE CITY EMILIST 13e STREET AND NUMBER admission) STATE 13b COUNTY Secretary Dor. YES MO 1 Rural poges lond2 ofter 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME William H. Hangs Katie B. Sonnefeld 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no, or unknown) Durham, N.C. Mrs. John Forder within APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) permit BETWEEN ONSET AND DEATH pending" PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Coronary occlusion Instant DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (a) removal, 196 CONDITION FOR WHICH OPERATION 19a DATE OF OPERATION 20 ALTOPSY? WAS PERFORMED? please execute the certificate, YES 🗔 NO K 21 a. EXTERNAL CAUSE WAS 2 b. TIME OF INJURY Manth, Day, Year 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 should PRIMARY OR CONTRIBUTING WEDICAL HOUR A.M. CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Tawn County State factory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🔀 Inquiry 1 and in my apinian Natural causes X, Accident , Suicide , Hamicide death resulted from Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MED CAL EXAMINER X EXAMINER'S Heolth John Mace ADDRESS(Street, city, tawn, or county) Cambrid e. 0 23g BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) 1/13/68 Dor. Memorial Park Cambride. Dor. ADDRESS UNERAL DIRECTOR Carbridge. Nd. 21613



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00854 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH-DEPT. 1. DECEASED NAME First 20 DATE KNOWNEX Manth Day (Type or Print) Schlee Walter Ernest 1-11-190 DEATH MATED 3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (In years OF JNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOUR 2/22/1884 White 7 7 Year Male YRS To BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED MINEVER MARRIED 9 COUNTY OF DEATH farm Dorchester WIDOWED F DIVORCED | l'ass. U. A 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR alang with give street address) during most of working life, even if retired.) land 2 with the in pencil in Item 18 Give Secretary Rétired Plumber death 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER 13b. COUNTY Dor. Secretary YES NO IX Rural after 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Ida Wydel Schlee William pages haurs 160 WAS DECEASED EVER IN L. S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** be executed within (Yes, na, ar unknown) Mrs. John Forder Durham. File 72 APPROXIMATE INTERVA within 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH pending PART ! DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary occlusion Instant DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), This certificate shauld execute the certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remaval, 190. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? pe NO X 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) 3 shauld HOUR A.M. PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy [], Inspection [X], Inquiry [and in my apinian death resulted fram: Natural causes 2, Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAM NER 22b. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER TO **EXAMINER'S** Health John Mace Jr. M.D. ADDRESS(Street, city, town, or county) Cambridge. NAME (Type) 0 23o BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) Md. Dorchester Mem. Park Cambridge. Dor., Huria] **ADDRESS** 2Sa. REC D BY REGISTRAR embridge, ad. 21613



	00856	DIAISION OF AL		UI W. PKESIUN SIKEEI,		C, MAKTLAND ZIZUI	0.08	(D)		
	00000		- (1	RTIFICATE OF DEA	IH					
	DECEASED NAME Type or print)	First	Middle,	Last	2a.	DATE OF DEATH Month	Year Vers	26 HOUR		
١	Type or pitting	DENJAMIN	\mathcal{H}	JEWARD		mujin Q	16 1968	7 A-1		
3. S	EX	4. RACE	,	S. DATE OF BIRTH		6 AGE (in years		IF UNDER 24 HRS.		
/	male	whi	te	7-22-	96	last birthday) YR	MONTHS DAYS	HOURS Man		
	BIRTHPEACE (State or foreign			MARRIED 🔀 NEVER MARRIED 🗌	2 (01	UNTY OF DEATH				
	Mo.	U.S.		WIDOWED DIVORCED	1)0	rchester		_ XM		
10	CITY OR TOWN OF DEATH	give stree	OF HOSPITAL OR INSTI et address)			UPATION (Kind of work done working life, even if retired. I TER				
12	AM Uriage		iern store			The second secon	Gener	al		
adn	USUAL RESIDENCE (Where o	13b_COUNTY ,		3c. CITY OR TOWN 13d INST	NO X	13a. STREET AND NUMBER None				
	FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN I		Middle		Last		
T	HOMAS EDWARD	SEWARD		Sus te EM	HLY HU	BBARD				
360	. WAS DECEASED EVER IN U.S	1	6 SOCIAL SECURITY NO		ad Rec	1 11	6 1	-11		
	Yes no or unknown) (If ye		14-07-7206	EASTERN Sho	RESTA	te Hosp. CAr	nDr,dge	MId		
•	PART I DEATH WAS O	DUE TO, OR AS A	consequence of	sine con b	2's vos	pusemon		HATE INTERVAL USET AND DEATH		
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
8	4434									
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERF	ORMED 20o. AUTOPSY?	но 🔲	206 IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CEI	RTIFYING		
MEDICAL CER	21a ACCIDENT WAS UNDER TO RECONTRIBUTING CAUSE (If either, notify medical e	of DEATH HOUR A.M. (Month Doy Yeor		(Enter natur	e of injury in Part 1 or Port 2	l, Item 18)			
W	21d. INJURY OCCURRED While Not while at work		FICE BUILDING, ETC.	/	F.D. No.	City ar Town	County	State		
	saw the deceas	this haspital) attended office an dive an bove, (I) (we) (did) (di	<u>lo19</u>	ond that in (my) (oi عامل	, 19 <u>64</u> , ir) opinion		19 <u>68</u> , that date and hour a			
	22b. SIGNATURE	WKleel	2A	71113.	MED. DIRECTO	STAFF STAFF	R. DATE SIGNED	68		
	22d. PHYSICIAN'S NAME (Type) RQ	le 4. Rie	ckert	22e. ADDRESS E - DV Q	w M.	anker Ut)			
230	BURIAL, CREMAT ON, REMOVAL (Tpecify)	^{23b} Date 29, 196	8 Spedden	METERY OR CREMATORY -Seward Cemeter	23d.	LOCATION (City or Town) James, Dor. C	o. (County) Mary	(Stote)		

250 REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

LeCompte Funeral Service, Cambridge, Maryland

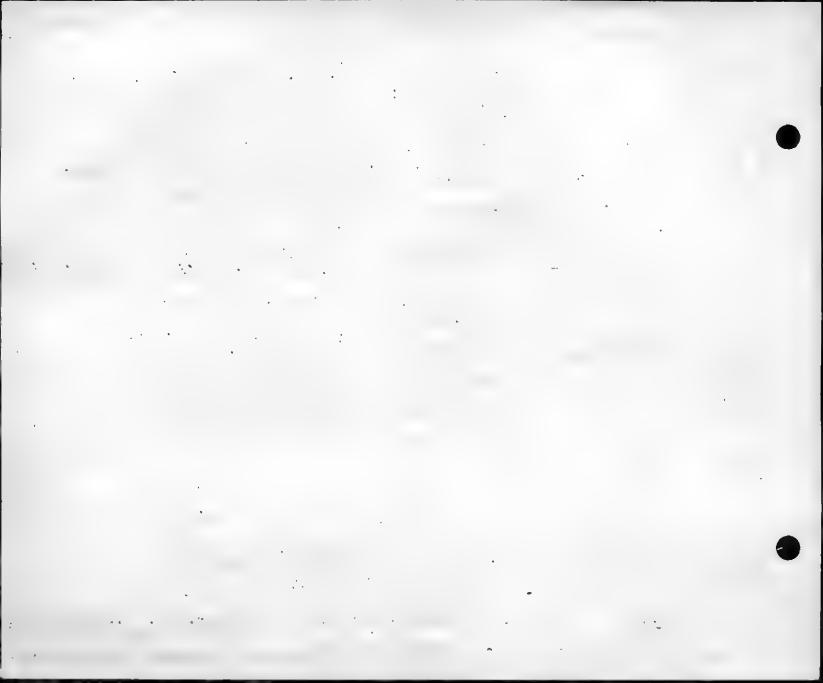
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages Land should be filed with the State Demit of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death. VR A15 (4) 30M REV 1/68

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aff

Page 4 may be retained by the haspital ar attending physician.





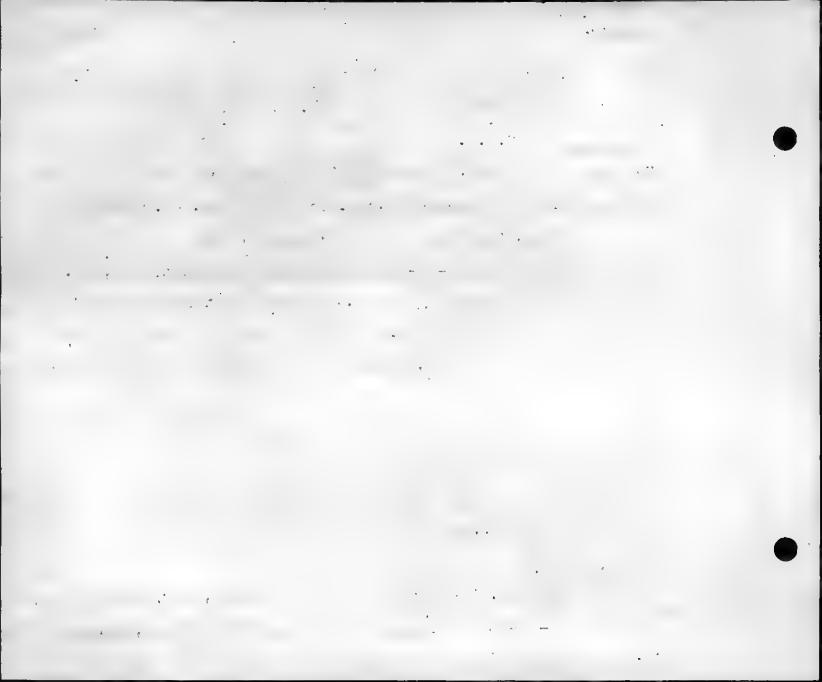
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	10000		CERT	IFICATE	OF DEAT	TH			UUO.	3 /
	ECEASED-NAME	First	Middle	L	gs1	20	DATE OF DEA			2b. HOUR
0	(ype ar print)	Henry	S	hulti	.e		1	Wouth 55 Day	1968	1
3. SE		4 RACE		S. DA	TE OF BIRTH		6	AGE (In years		IF UNDER 24 HRS
	Male	White		I	ec. 8,	188	31 '	ost byzthdoy) 86 YRS	MONTHS CLAYS	HOURS MIN
	BIRTHPLACE (State or foreign		17171	RRIED NE	VER MARRIED	9. C	OUNTY OF DE	ATH		
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10. 0	Maryland HTY OR TOWN OF DEATH	11 NAME (F HOSPITAL OR INSTITUTION		neitol 12a	USUAL OC	CCJPATION (Kii	nd of wark dane	126 KIND OF B	USINESS OR
	Hurlock			Nursi	ng auri	Ret:		even if retired)	INDUSTRY N	one
13a	USUAL RESIDENCE (Where o	eceosed lived, if institution	Residence before 13c C	ITY OR TOWN	NPC F	E CITY LIMITS?	13e STREET	AND NUMBER		
	wary La		coline G	reens			No.	Main St	reet_	
14, 1	FATHER'S NAME First	M.ddle	Last		HER'S MAIDEN NA			Middle		Last
L.		illip Shult			No Rec	ord				
	WAS DECEASED EVER IN U.:	is give wor or dates of service?	SOCIAL SECURITY NO	17 INFORM				Address		
	NO or unknown) (If yo	2.	7-30-872	2 Ama	nda Sh	ult:	ie Gre	ensbor		ATE INTERVAL
	B. B. A. B. C. B. C.	ter only one couse per line fo	1 11 3 4						BETWEEN ON	SET AND DEATH
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cerebral Vacular AccidentThrombosis									
	404X		25yrs							
	Canditians, if any, which inse ta immediate couse	gove) (ADE	abral Art	erina	cleros	378			COAT	0
stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF										
	ost (dlypartensivergesia ra al Daggese									rs
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH EUL NOTERELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
N	47 1									
MEDICAL CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH C	IPERATION WAS PERFORM	THE CALLEGE OF DEATING					ONSIDERED IN CER	TIFYING
RTIF	OV ASSESSED MAS INDE	The state of the s				40 🗐				
A C	2) o. ACCIDENT WAS UND!	W	unth Doy Year	21c. HOW IN.	JUKY ULEUKKED	(Enter nat	are at injury in	Port 1 ar Port 2, I	1em (8.)	
ĕ	(If either, natify medical i	exominer) P.M.	19	A17 1041710		5 44		-	f	Ch. h
2.	21d IN.URY OCCURRED While Nat while of wark at wark	21e. PLACE OF INJURY (AT H	OME, FARM, STREET, FACTORY,	ZII LOCATIO	N Street or R.F.	.D Na.	City ar	lown	County	Stote
		3 (4) 1 (4) 10 (4)			1.	To	40 /-	/== 10	A1 4.	(1) () (
	22a. I certify that (I) (this hospital) ottende ed alive an 1/16	ed the deceosed fro	$\frac{800q}{10}$	tin (my) (ou	r) oninio	n death ord	irred on the do	te ond bour o	(I) (we) las
	causes stated a	bove, (I) (37e) (48) 14hd	not) view the body	after deoth) 	i y opinio	ii deoiii btti	orred on the do	ie ona noor o	110 110111 111
	226 SIGNATURE	De Mid	n U			/ HED			DATE SIGNED	
	Jaw	Bru	NID	DEGREE	ATTENDING PHYS	MED DIRECT		TAFF HYS		
	22d. PHYSICIAN'S				22e ADDRESS					
	NAME (Type) H	arold B. Pl	ummer		F	resi	ton, N	laryland		
23a	BURIAL, CREMATION,	23b. DATE	23c NAME OF CEMETE	RY OR CREM	ATORY	23	d LOCATION (* '	(County)	(State)
	KERATA SEL	1-23-68	Greensbe	oro			reens	Sb REGISTIARS	arylar	nd
24.	FUNERAL DIRECTOR	. 00	ADDRESS	Cong	2So R	EC'D BY RE	GISTRAR 196	25b REGISTRAR'S	SIGNATURE	ye
1	1.601 () Me ()	and street	instrord	, No	_ DATE	JAN S	G D 100	<i>T</i>	0	<i>V</i>

VR A15 (4) ~ 30M REV. 1/68

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled Ty by the director, page 3 shauld be detached far use as the bural-transit permit. Then please remave carbon parers Pages shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 yours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00858 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME First 20. DATE KNOWNIK | Month Dov 26 HOUR (Type or Print) OF ESTI-June Lorainne Simmons 9P M 0 DEATH MATED IF UNDER I YEAR IF JNDER 24 HRS 6 AGE (In years S DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d HOUR pup July 17,192 Female HOURS White Month Jan Day 12 Year 7o. BIRTHPLACE (State or foreign 7b CHEZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Penna. WIDOWED | DIVORCED [Dorchester in Item 18. Give Poges 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done Examiner's Office along with 12b KIND OF BUSINESS OR Give street oddress)
Cambridge-Maryland Hosp. Homemaker Cambridge 13d INSIGE CITY LIMITS? 130 USUAL RESIDENCE (Where deceased I yed, if institution, Residence before 13c CITY OR FOWN 138 STREET AND NUMBER odmission) STATE Dorchester Cambridge l and 2 after 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME Shelly Rebecca Payne Raymond pages hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. ||encil 17. INFORMANT ADDRESS certificate should be executed within (Yes, no, or unknown) Lucas C. Simmons, Cambridge, Md. File 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH be farworded to the Chief Medical PART I. DEATH WAS CAUSED BY pending Asphyxia Few Min. IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave (b) Obstruction bronchus, mucous, rise to immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause @ Previous pneumonectomy other lung. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Pulmonary tuberculosis be used 19b CONDITION FOR WHICH OPERATION 20. AUTOPSY? CERTIFICAT WAS PERFORMED? YES [NO [21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18) 21b. TIME OF INJURY Month, Day, Year may be retained for your files. FUNERAL DIRECTOR: Poge 3 should Poge 4 should MEDICAL HOUR A.M. PRIMARY OR CONTRIBUTING ICAL EXAMINER: CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF IN. JRY (At home, form, street, 21f. LOCATION Street of R.F.D. No. City or Town County State factory, office building, etc.) WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy X Inspection . Inquiry [and in my apinion deoth resulted from. Natural causes XI. Accident . Spicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMMER'S 5 may 70 FUNE Health ADDRESS(Street, city town, or county) NAME (Two John mace Jr 23a BUR M. CREMAT ON, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Spec fy) Green Lawn Cemetery Cambridge.Md. Rurial 2SO REC'D BY REG STRAR VR ATSME



1	H	INDUITABLE ALL VILLE OF LUCIDIES		
FOD STATE	1.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	O	
HEALTH DEDT	10	ECEASED NAME First Middle Lost 20 DATE KNOWN[X] Month	Doy Year 2b HOUR	
# 2 %~~		Type or Print) ELSIE VASHINGTON SMACK OF EST. DEATH MATER TO JAN.		
5m2 = 5	3 S	EX 4 RACE S DATE OF BIRTH 6 AGE (in years 16 JNDER) YEAR 16 JNDER 24 HRS 20 DATE PRONOUNCED DEAD	2d HOUR	
delay and 3 m3. Pa	F	EMALE WHITE 9/2/98 59 yrs MONTHS DAYS HOURS MAN Month JAL . Day 17	Year 1968 5:30 R	
Dep 7	70 cour	BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED S 9 COUNTY OF DEATH OTY) CLARY LAND U.S. WIDOWED D DIVORGED D		
ages 1,		MIDOWED DIVOKED BORDIESTER	Md 12b KIND OF BUSINESS OR	
death re Page with he Sta			NDUSTRY	
hours after death liem 18 Give Pages 1, Office along with farm land 2 with the State Deafter death.		USUAL RESIDENCE (Where deceosed fived, if institution Residence before DIC CITY OR TOWN 13d INSIDE CITY LIM TO? 13d INSIDE CITY LIM T		
	14	ATHER'S NAME First Middle Lost IS. MOTHER'S MA DEN NAME First Middle	Lost	
24 hours in Item 1 's Office ss land2 rs ofter c		YBNEY SMACK MARY GRIFFIN		
hin ncil niner page hour		WAS DECEASED EVER IN U.S. ARMED FORCES? (6s, no, or Unknown) (If yes give war or datas of service) 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS		
y with per Exam File	- 1	O HOSPITAL PECORDS	APPROXIMATE INTERVAL	
=		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH	
e executed pending" is Medical sit permit.		IMMEDIATE CAUSE (a) ASPHYXIATION	INSTANT	
e e e e e e e e e e e e e e e e e e e		OUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) (b) FOOD ASPIRATION	I STALT	
		the totim mediate cause (a). Stating the underlying cause Due TO, OR AS A CONSEQUENCE OF	11317	
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certificate she is writing the increased to to to tused as a bur used as a bur imaval, and in		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)		
certificate writing the irwarded to used as a based as a based.	Z Z	7 1, ,		
te, writin forwards to used as remayal,	CERTIFICATION	196 DATE OF OPERATION 1965. CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D AUTOPSY?	
te re	RIIE		YES NO 🔀	
		210 EXTERNAL CAUSE WAS PRIMARY 3 OR CONTRIBUTING 5.20 PM 1/17 1965 ASPIRATED FOOD 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Iter ASPIRATED FOOD	n 18)	
e certif shauld files. 3 shauld atlan, t	MEDICAL	CAUSE OF DEATH 5:20 P.M. 1/17 19 60 ASPIRATED FOOD 21d NJURY OCCURRED 2.e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. (ity or Town)	County State	
		WHILE NOT WHILE Toctory office building, etc.) AT WORK AT WORK AT WORK TOCK	,	
cal E) execut tar. Pag ed far.) croR: P		22a. I certify that I took charge of the remains described above, held on Autopsy , Inspect on , Inquiry ,	and in my opinian	
FCA telegraphic for the form of the form o		death resulted fram. Natural causes 🔲 , Accident 🔼 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner [
lease direction of the control of th		CHIEF MEDICAL EXAM.NER		
Ty ple eral di be retu XAL Di priar		SIGNATURE ASSISTANT MEDICAL EXAM.NER 226 DATE SI		
o DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your D FUNERAL DIRECTOR: Page Health priar to burial, crem		EXAMINER'S NAME (Type) JO N MACE, .D. DEPUTY MEDICA. EXAMINER X 1/1 ADDRESS(Street, cty, town, or county)	//0	
nece the 5 m 6 FU	230		(County) (Stote)	
		Burial For 20, 1968 Whateout Moth Snow Hill, He	1.	
1	24	FUNERAL DIBLETOR 250. REGISTRAR 5 SI	IGNATURE	
VR A15ME (5) 10M REV. 1-68	1	Trown Films, Snow H. Il Mcl. DATE JAN 22 1968 Julies	Mis Judge	



36861

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERT	IFICATE	OF DEATH	

00560

			-	LIXIII IC	AIL OI DEA				() ()	()()	
1 DECEASED-NAME	First		Middle	,	Lost	20	DATE OF DEATH	D	٧	2b. HOUR	
(Type or print)	JA.	me5	EdWA	Rd	STANLEY	f l	Month	Day 15	Year &	M	
3 SEX		4. RACE			S. DATE OF BIRTH (),		6 AGE (In ye		JNDER 1 YEAR	IF UNDER 24 HRS.	
MAle		Ne.a.	RD		1//3/	1884	lost birthda	YRS. MOI	NIHS DAYS	HOURS M.N.	
70 BIRTHPLACE (Sto	te or foreign	7b. CITIZEN OF WHA	T COUNTRY?	8. MARRIED	NEVER MARRIED	8-000	INTY OF DEATH				
MARUI	ANd	12.5.	A	WIDOWED [orchesi	ter		Md	
10 CITY OR TOWN C			ME OF HOSPITAL OR INST	TITUTION (1f no		USUAL OCCU	JPATION (Kind of worl	k done		BUSINESS OR	
Cambr	idge	give str	reel oddress) Shore	e State	2 HOSP, S	ing most of v	working ife, even if re		INDUSTRY		
130 USUAL RESIDEN		sed lived, if institutio	n Residence before	Jac City OR	TOWN 13d (MSID	€ CITY LIMITS?	13e STREET AND NUM	BER	1	1	
edmission) STATE	VIAND.	136. COUNTY	not 0	EAS	TON YES	NO 🗌	128 Wes	st 5	tree	<i>T</i>	
14 FATHER 5 NAME	First	Middle	lost	15	. MOTHER'S MAIDEN N	AME First	M	iddle		Last	
	ames		STANKLY	/		ANNI	ie		STAN	1/44	
160 WAS DECEASED Yes, no, or unkno	EVER IN U.S. ARI	MED FORCES?	166 SOCIAL SECURITY'N		NFORMANT		, Ad	dress	.0	1	
IN KA OCU		and di doies di service)	Not KNOW	N FA	stern shore	214E	Josp. Camb	ridge		11	
			far (a), (b), ond (c).)					,		MATE INTERVAL DASET AND DEATH	
PART I. DEATH WAS CAUSE BY. IMMEDIATE CAUSE (0)										DAYS	
ger of	4 %		A CONSEQUENCE OF	. ()		•			1	
	ny, which gave	1 "	SENICE	EY	EBILIT	Y			APP	. IYR	
	liate couse (o), iderlying cause(A CONSEQUENCE OF			/					
lost 49		(c)					···				
PART 2 OTHER	PARY 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										
E GE	GENERALIZED HRTERIOSCIENOSIS										
190. DATE OF O	PERATION 196.	CONDITION FOR WHIC	TH OPERATION WAS PER	RFORMED	20c. AUTOPSY?		20b. IF YES, WERE FIN CAUSES OF DEATH?	IDINGS CONS	ONSIDERED IN CERTIFYING		
Ē.						NO 🔲					
	WAS UNDERLYII NG CAJSE OF DEA		Month Day Yeor	21c HC	OW INJURY OCCURRED	(Enter natur	e of injury in Part 1 or	Part 2, Item	18.)		
(If either, noti	fy medical exami	iner) P.M	19								
	CCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET FACT OFFICE BUILDING, ETC.	(ORY.) 21f LC	CATION Street or R.F	.D. No	City or Town	(County	State	
While No											
22o. I certi	fy that 🕦(th	iis hospital) atter	ided the deceose	d from	7-20-	19_6-7.	ta_/-/5- deoth occurred on	_, 19_6	S, that	(I) (last	
SQW 11	ie deceosed c sistated obav	e (I) (we) (did) (i	did not) view the b	nody ofter i	i thot in (my) (leoth.	r opinion	deoin occurred on	the date	ana nour	ond from the	
22b. SIGNATUR) //	/	Joay ollar				22c DAT	E SIGNED		
	(Tolan	in MI) DEGR	EE PHYS	MED DIRECTO	R PHYS.		5-6	8	
22d PHYSICIA		110 1	7.116	- 0	22e_ADDRESS	1 0	2 . 20.5	70-		- 0	
NAME (Ty	pel EVWI	414) 6	=015,1	ND	E554	, Ci	4MBX/L	195	N.	11/	
23a. BURIAL, CREMA	TION, 23b	DATE /	23c NAME OF C	CEMETERY OR	CREMATORY	23d	LOCATION (City or Tax	vn) ((Caunty)	(State)	
REMOVAL (Spe	riyi 1/	18/68	Trap	po G	30m -		Trappe		7	md	
24. FUNERAL DIREC		12 1	ADDRESS	4	25a R	ECD BY REGI	STRAP CO 25b PE	CHARA I	NATUREEd	ge.	
27000	ED N	& hetal	X Sucar	G. 1	11CO DAN	HIN TO	1300		0	-	

TO HOSPITAL OR ATTENDING PHYSICIAN: The Law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages Abaula be filed with the State Dept. of Health priar ta burial, cremation, ar removal, and in any event, within 72 hours after Page 4 may be retained by the haspital or attending physician.

VR AND 68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36862 CERTIFICATE OF DEATH 00861 MIRIAM Middle 20 DATE OF DEATH 2b. HOUR 1. DECEASED NAME Lost requires that the death certificate be executed within 24 hours after death. (Type or print) 12:20 13 physician and completely filled in by the fune en please remove carbon papers. Pages Tar IF LINDER 1 YEAR 4. RACE 5 DATE OF BIRTH 6 AGE (In years HE JINDER 24 HRS 3 SEX last birthday) papers. Pop. 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED TI NEVER MARRIED country) M 002 CHESTER WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11-NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of warking life, even if retired) HURLOCK signed by the ottending physician and complete buriol-transit permit Then please remove carb burial, cremation, or removal, and in ony event, 13a USUAL RESIDENCE (Where deceased lived, it enstitution: Residence before 113c, CITY OR TOWN 13d. UNSIDE CITY LIMITS? 13e STREET AND NUMBER 136 (COUNTY R) odmission) STATE YESYZ NO. IS MOTHER'S MAIDEN NAME First 14 FATHER'S NAME M ddle Last OBTHERT NE HEENWI LIDAM 16b. SOCIAL SECURITY NO. 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? MRS. Yes, never unknown) (II) yes give war or dates of service) GILBERT HIGN WI APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o)

Abute Card BETWEEN ONSET AND DEATH Acute Cardiar D-compensation wk DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) M Arterioslroto Heart Disease 10yrs signed by the buriol-transit use to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause @ Garelized :ly rtensib: Ateriosolerorbsz 10 7 rs PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) intesmal Obstruction os the has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 19a, DATE OF OPERATION CAUSES OF DEATH? NO . YES | O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 216. THAE OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M 21e, PLACE OF INJURY (AT HOME FARM STREET, FACTORY,) 21f, LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram 1/5/68 and that in (my) (aur) apinian death accurred an the date and hour and from the saw the deceased alive an_ director, page 3 should should be filed with the causes stated abave, (1) (wa) (dip) (did not) view the body after death. 22b, SIGNATI 22c. DATE SIGNED **ATTENDING** /YIO DEGREE DIRECTOR PHYS 22e. ADDRESS 22d PHYSICIAN S NAME (Type) .Flum sor 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Jown) BURIAL, CREMATION, (County) (State) 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR ADDRESS VR A15 [4] DATE JAN 26 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

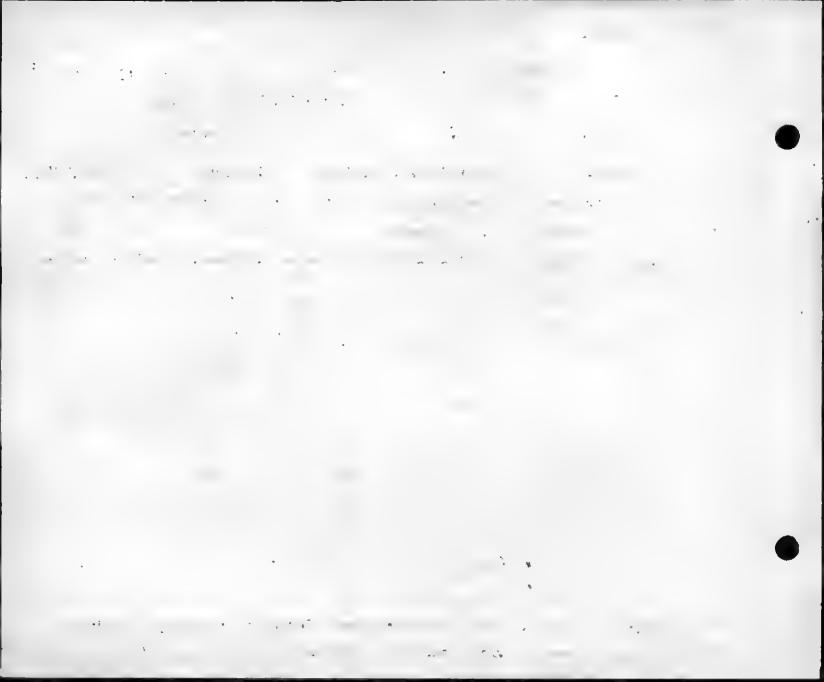
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00862

			CE	KIILIC	AIE OF	DEATH			U	UNDE	
1. DECEASED-NAM (Type or print)		NON	Middle F •	TR	OMAS		2a. DATE OF	Month Jak	10	1968	24 HOUR 4305
3. SEX Ma.	le	4, RACE Whi.	te		S. DATE OF BII	30 , 1 8	87	6. AGE (In year 801 betay)			F UNDER 24 HRS. HOURS MIN.
7o. BIRTHPLACE (country) Mar	yland	76 CITIZEN OF WHAT C		WIDOWED [CED 🗌		hester			M
10. CITY OR TOWN	idge	Canb	oddress) ridge Md.	Hesp	ital	during To	specto	(Kind of wark) life, even if reti	red)	125 KIND OF BI INDUSTRY MA I'ide.	isiness or
		d lived, if institution. I 13b. COUNTY Dor		Cambr		YES NO		Bay Vi	t:R		
14. FATHER'S NAA	Thomas	Middle J.	Lost Thoma	8		IDEN NAME Fir Sax	ah.	Mide	?	Dai	
	ED EVER IN U.S. ARM nawn) (If yes give wo		SOCIAL SECURITY NO 16-30-630	3 Mr	S. Ver	non F.	Thomas	, Cambr	idge		
PART 1 Conditions,	, DEATH WAS CAUSED	y one cause per line fα BY: IE CAUSE (α) DUE TO, OR AS A (b) DUE TO, OR AS A	CONSEQUENCE OF	Ny	scul.	ens	ccid	tent		BETWEEN ONS	YE INTERVAL ET AND OBATH CLUZZ ,
,	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH?									TIFYING	
or control (If either, n 2.d INIXIR While at work 22a. I ce	Nat while at wark rtify that (I) (this the deceased al	HOUR A.M. Mer) P.M. PLACE OF INJURY (AT H	onth Day Year 19 OME, FARM, STREET, FACTOR 2 BUILDING, ETC. 2 d. the deceased	fram	CATION Stree	or R.F.D. No.	City	or Town	(<u>C</u>	ounty, that (
22b. SIGNAT 22d. PHYSI- NAME	Carrentian's L J W 1 MATION, 236.0	rence 1	Mary2 1236 NAME OF CE	DEGR	EE ATTENDIN PHYS 22e. ADD	DI DE	RECTOR L	STAFF PHYS.	n /	F SIGNED /2 /6	(Stote)
Buria Buria		12 1968	Christ	Episc	epal C	2So. REC'D BY		bridge,			
24 FUNERAL DIF		l Service,		e, Ma	ryland					las Jue	ge.

O HOSPITAL OR ATTENDING PRYPICIAN: The low requires that the death certificate lie executed within 21 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. The please remove carbon papers Pages and Should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours bitter dea Page 4 may be retained by the haspital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 30864 CERTIFICATE OF DEATH 00863 2a. DATE OF DEATH I. DECEASED-NAME First Middle Last (Type or pnnt) Manth GRACE 6 AGF (In years S. DATE OF BIRTH FLINDER 1 YEAR 3. SEX 4 RACE within 72 hours after last birthday MONTHS DAYS HOURS temale 10-01-90 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT B. MARRIED | NEVER MARRIED DIVORCED [WIDOWED aruland CITY OR TOWN OF GEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR erve street address) 🚜 during most of working life, even if retired) NDHSTRY. ambridge eastern 13e STREET AND NUMBER Mernitt 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before, 13c CITY OR TOWN Mill Rd. 13d. INS TY LIMITS? admission) STATE and in any 14. FATHER S NAME Middle Middle Last Last Wright Jane Harvey Harriett 16b. SOCIAL SECURITY NO. 17 MFORMANIMr (Robert Tilghman (Strep-son) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ng, or unknown) crematian, ar remayal, 214-10-8197 D Snow Hill Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH the attending passit permit. The 1B. CAUSE OF DEATH (Enter only one cause per lige, for (a), (b) and (c).) PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar to has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES 🔲 NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical exominer) P.M. (AT HOME FARM, SIREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED Stote 21e. PLACE OF INJURY City or Town -County While Not while at wark 220. I certify that a (this hospital) attended the deceased from saw the deceased alive on 1968, and that 1968, and that in (my) (apinlan death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS MED DIRECTOR STAFF PHYS. DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) / 23g. BUR AL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. tOCAT ON (City or Town) (County) (Stote) REMOVAL (Specify)

physician and completely filled in by law requires that the death certificate be executed within O FUNERAL DIRECTOR: After this certificate be retained age 4 may

30M REV 68

24. FUNERAL DIRECTOR

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

Parsons Cemetery

1968

Jan. 17

Salisbury, Maryland DATE



30865

TO HOLPITAL OR ATTENDING PHYSICIAN: The fam requires that the death certificate be executed within 24 Sours offer death

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers should be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 h

SOM REV

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

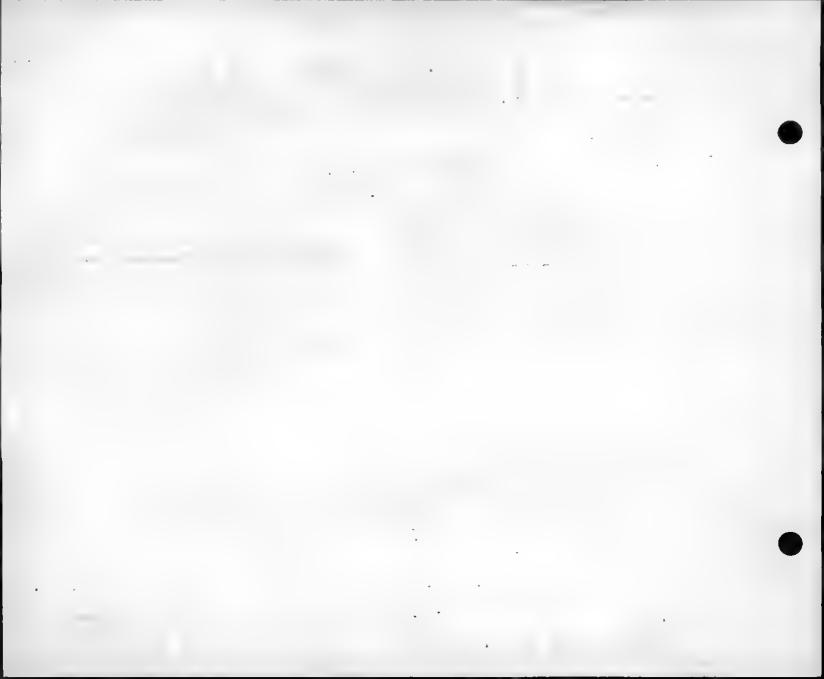
CERTIFICATE OF DEATH

00864

				CER	HIFICA	IE OF DEATH		00003
		CEASED-NAME YPE OF PRINT)	First	Middle HENRY	To	Lost , 20.	DATE OF DEATH Month Doy	21 Yeor 68 2b. HOUR-
	3. SE.	male	4. RACE	900	S.	DATE OF BIRTH	A MAR (III. Again	IF UNDER 1 YEAR IF UNDER 24 HRS ADMENS DAYS HOURS MIN
		BIRTHPLACE (State or foreign		HAT COUNTRY? B. M.	ARRIED 🔀	/ / - '	UNITY OF DEATH LOCKEST	er Md.
	C	HY OR TOWN OF DEATH	GE LA	IAME OF HOSPITAL OR INSTITUTION OF AUGUSTICATION OF HOSPITAL OR INSTITUTION OR INSTITUTION OF HOSPITAL OR INSTITUTION OR HOSPITAL	e 5	TATE during most of	LPATION (Kind of work done work ng life, even it retired)	126 KIND OF BUSINESS OR INDUSTRY LUMBER
, ,	odmi	ission) STATE	eceosed lived, if institution 13b. COUNTY_	IAIDONDI	. Mc	hAEL YES NO E	13e STREET AND NUMBER	
Car		ATHER S NAME Eirst		- Lost OLLIVER		OTHERS MAIDEN NAME First	T Thoma	A.S
		WAS DECEASED EVER IN U.S es, no sy unknown) (If ye	s give wor or dales of service)	215-20-001	HA.		Hivee ST.	MICHACLS AL
		18. CAUSE OF DEATH (Ent PART I, DEATH WAS C	AUSED BY IMEDIATE CAUSE (0)	PNEUM	ION	IA		BETWEEN ONSET AND CEATH DAY
		Conditions, if ony, which g	(b)		USIL	LAR ABCE	SS.	5 DAY
		stoting the underlying colost	(c)			LURE	I O O O O O O O O O O O O O O O O O O O	1 WK
	N.					TERIOSCLE		
χ	CERTIFICATION			HICH OPERATION WAS PERFORA		20a. AUTOPSY? YES NO NO	20b IF YES, WERE FINDINGS COL CAUSES OF DEATH?	
e* 1	MEDICAL CE	210. ACCIDENT WAS UNDED OR CONTRIBUTING CAUSE Of	OF CEATH HOUR A.M. examiner) P.M.	Month Day Year 19		,	re of injury in Port 1 or Port 2, Its	em IB.)
		at work of work		(AT HOME FARM, STREET, FACTORY,) OFFICE BUILDING, ETC.			City or Town	County State
		saw the decease causes stated a	ed alive an	tended the deceased from 19 (did not) view the body	and t	, 19 hot in (my) (our) opinion th.	death occurred on the dat	
		22b. SIGNATURI	m X	Claron m	DEGREE	ATTENDING MED. PHYS. DIRECTO	OR STAFF D	AN 21,1968
	000	NAME (Type) SE		KILLORAN		7415 B		UASHINGTON DC
)		SUNTAN CREMATION,	236_DATE 5AN24,19			EMORIAL S	LOCATION (City or Town)	(County) (State)
de .	24/	FUNERAL DIRECTOR	Leone	of Sh hue	hac	250. REC'D BY REG	2 3 1858 REGISTRAR'S S	Secologies



1			10081		M. OF VITAL PR	ARYLAND STAT	E DEPARTMENT PRESTON STREET,	OF HEALT	H MARYLAND 2	1201		
FOR ST			tem 6 1	Film G39	6 1 MEDIC	ALEXAMINI	R'S CERTIFIC	ATE OF D	EATH		008	65
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lly delay is 2, and 3 ta PM3 Page	(E)	3 S	x omale	4 RACE White	S DATE OF BIR	B, 1904 6	GE (In years IF UNDER I	DAYS HOURS		PRONOUNCED DEAD	Yeor	2d HOU
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fter anoth Give Poges ang with fo	with the State leath.		ity or town o		11 N give	AME OF HOSPITAL OR street oddress)	NSTITUTION (f not in h	ospitol 12o.		(Kind of work do life, even if retired		BUSINESS OR
hours after Math tem 18 Give Page Office alang with (land 2 with t after death.		USUAL RESIDEN Imission) STATI		sed ved, finstitu 13b. COUNTY	t on: Residence befor	e 13c dry or town Cambridge	130 MAINE (1)	Y LIMPITS? 13e STR	eet and number Hughlett		
24 hour in Item r's Office	S after de	14. f	ATHER S NAME	Frst Frank	M.ddle	Trave:		RS MAIDEN NAMI	First arah	Middle ?	Meek	lost ins
	e pages 2 hours		WAS DECEASED E	VER IN U.S. ARMED	FORCES? war or dates of service)	166 SOCIAL SECURITY	NO 17 INFORMAT	Skirley	Travers	ADDRESS Cambrid	lge, Mary	land
hed w	ansit permit. File event within 72		1B. CAUSE O	BEATLI MIAC CALLED	D DW	ne for (o), (b), and (c						IMATE INTERVAL ONSET AND DEATH
nding Medic	perm It wit	*	450	IMMED	ATE CAUSE (0)	as a consequence of	vascular	accid	ent		Ins	tant
pe l			Conditions, if	ony, which gove diote couse (o),	(b)							
word word the C	burial-transit I in any ever			nderlying couse	DUE TO, OR	AS A CONSEQUENCE C)F					
certificate should be mxecuted within writing the word "pending" in pencl irwarded to the Chief Medical Examine	se used as a burial-tra removal, and in any		PART 2 OTHER	SIGNIFICANT CON	OITIONS CONTR BUT	ING TO DEATH BUT NO	T RELATED TO THE TERM	VINAL DISEASE OR	CONDITION GIVEN	IN PART 1(a)		
certifi writii irward	moval	CERTIFICATION	190 DATE OF	OPERATION		195. CONDITION FOR WAS PERFORMED					20 AUTO	
This icate,		CERTIFI	210 EXTERNAL	CAUSE WAS	21b TIME OF	INJJRY Month Doy, Ye		URY OCCURRED (Enter noture of initial	y in Part 1 or Port	2 Item 18.)	□ NO fx
INTR: e certiff shauld files	should be	MED CAL	CAUSE OF DEA		Р Р	M. 19						
SICAL ENAMINER: se execute the cert ctor. Page 4 shaul	age 3 should l	₹	2 d PALURY OF	1	PLACE OF INJURY (octory, office buildin	At home, form, street, g, etc.)	2 f LOCATION	Street or R.F.D. N	o Cit	y or Town	(ounty	Plots
xecul xecul Pag	CTOR: P burial,			_	_		ed abave, held an					n my ap nia
DIC.	DIRECTOR: Page r to burial, crem		death re	esulted fram:	Natural caus	ses 🔀 , Accide	nt, Suicide			etermined mani	ner	
ITY DIC. ry, please e eral director he retained	AL DI prior 1		ACTUAL SIGNATURE_	John	-201	-zel		CHIEF MEDICA ASSISTANT ME	D CAL EXAMINER	226. 0	ATE SIGNED	
DEFILITY necessary, the funeral s may be	FUNERAL I		EXAMINER'S NAME (Type)	John	Mace Jr	. M.D.			CAL EXAMINER 🛣 et, city, town, or co	unty) Con.	1/8/68 bridge.	Md.
Te D	2	230	BURIA. CREMA	1110N 23b	. DATE	23r NAME O	CEMETERY OR CREMAT	ORY	23d LOCATIO	N (City or Town)	(County)	(Stote)
	BAK		REMOVAL (Spe BUTIAL FUNERAL DIREC		un 9 1968	Derche	ster Memor		Can	bridge,	Maryland ARS S GNATURE	
VR A	15ME				Service		ga. Marvla				AKS SUNAIURE	7.00

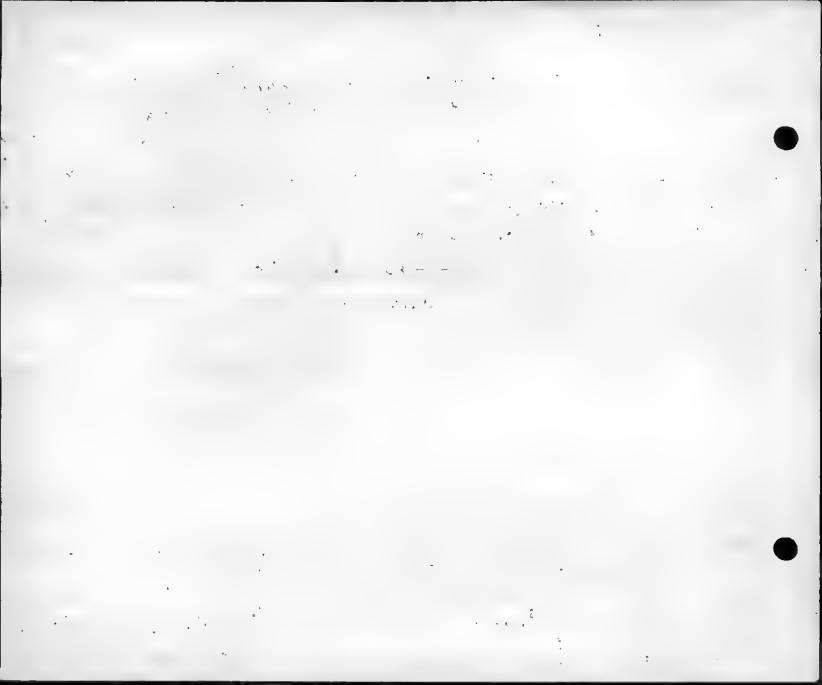


death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the diath certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician. in by the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by a director, page 3 should be detached for use as the burial-transit permit. Then please remove carban-papers. Pages should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hours

MARYLAND STATE DEPARTMENT OF HEALTH

	วิบ867	DIVISION OF VITA	AL RECORDS, 301	W. PRESTON STREET, BALI	IIMORE, MARYLAND 21201	
	10000 x		CERT	TIFICATE OF DEATH		00866
	CEASED-NAME First		Middle	Lost	2a. DATE OF DEATH	2b. HOUR
(1	ype ar print) He	RMAN	D	Tulen.	Jan. Month 27	Day 19 Year 68 4-35 M
3. SE	12210	4. RACE	/e_	S. DATE OF BIRTH 9/14	(ast birthday)	IF UNDER 1 YEAR IF JUDGE 24 HRS MONTHS DAYS HOURS MIN
	IRTHPLACE (State or fareign	76. CITIZEN OF WHAT C	OUNTRY? B. MA	RRIED NEVER MARRIED	9. COUNTY OF DEATH 81	
(our	Maryland	1.5.		OWED DIVORCED	Dorchest	er Md.
0 0	TY OR TOWN OF DEATH	give street	OF HOSPITAL OR INSTITUTION Oddress)	during m	IAL OCCUPATION (Kind of work dor nost of working life, even if retired termen	
	USUAL RESIDENCE (Where decease	sed lived, if institution (Residence before 1/3c.	CITY OR TOWN 188 INSIDE CITY	LIMITS? 13e STREET AND NUMBER	
adm	Mary DIATE (noise	a 13b. COUNTY 50	mers of Ti	Jertonal YES N	10 Tulenton	Md.
4	ATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN NAME		Last
	Edward		Tyler		Maggie	Bradshaw
16a. Y	WAS DECEASED EVER IN U.S. ARA	une as datas of summed	SOCIAL SECURITY NO. 18-16-9383	17. INFORMANT Eastern Sha	are State Hospin	Cambridge M.
	18. CAUSE OF DEATH (Enter on					APPROXIMATE INTERVAL BEFWEEN ONSET AND QEATH
	PART I. DEATH WAS CAUSE	0. 01/	PNEUMON	l Ac		1 WK
	406X	DUE TO, OR AS A				
	Canditians, if any, which gave	7.5				
	rise to immediate cause (a), l stating the underlying cause		CONSEQUENCE OF			
	last. 4 4 3 x	(c)				
	PART 2 OTHER SIGNIFICANT CO		TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
~	CENERAL	IZED	ARTERIOS	CLEROSIS		
MEDICAL CERTIFICATION		CONDITION FOR WHICH C			CALISES OF DEATH?	S CONSIDERED IN CERTIFYING
CES.	21a ACCIDENT WAS UNDERLYI			21c. HOW INJURY OCCURRED (Ent	er nature of injury in Part 1 or Part	2, Item 1B.)
S	OR CONTRIBUTING CAUSE OF DEA		anth Day Year 19			
WED	21d INJURY OCCURRED 21e While Nat while at work	PLACE OF INJURY (AT H	OME, FARM, STREET, FACTORY) CE BUILDING. ETC.	21f. LOCATION Street or R.F.D N		County State
	22a. I certify that (1) (the sow the deceased courses stated above	dive on UHN	7 / 196	💥, and that in (my) (our) or	68, to <u>TAN 27,</u> Dinion deoth occurred on the	19 <u>6</u> & , that (I) (we) last dote and hour and fram the
	22b SIGNATURE	- 01/11		2 12		22c. DATE SIGNED
	Sean	m Kill	oran	DEGREE PHYS. LZL	MED. DIRECTOR DIRECTOR PHYS.	JAN 27, 1968
	22d PHYSICIAN S NAME (Type) SEA	AN M K	ILLORA.	V 220 ADDRESS BLA	IR RO, WASA	INGTUN, O, C.
230.	BURIAL, CREMATION, 23b. REMOVAL (Specify)	1/30/68	23c NAME OF CEMET	Cemetary	23d LOCATION (City or Town)	md. Somewit
24.	EUNERAL DIRECTOR	1 1	ADDRESS	2Sa. REC'D	BY REGISTRAR 25b. REGISTRA	ARS SIGNATURE
2	even T. We	RSON) - D	uncess, l	nice Md. DATE FE	B 2 1938	-

VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

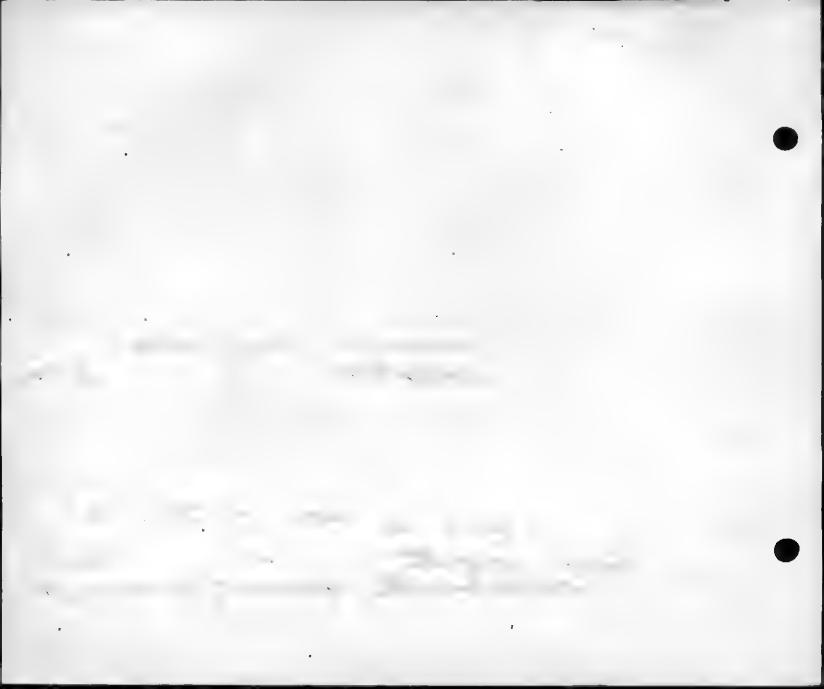
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CERTIFICATE OF DEATH

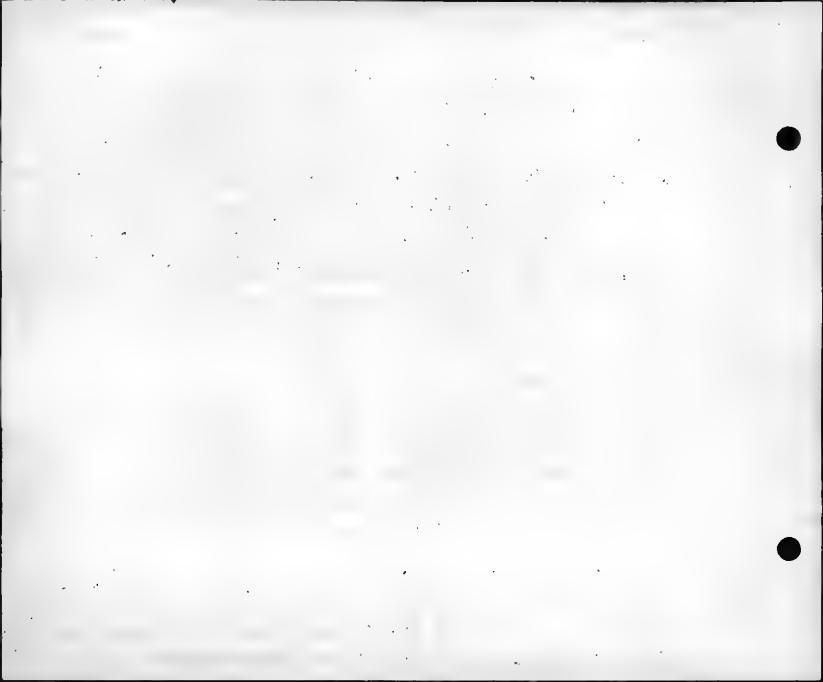
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dr T		CERTIFICATE	OI DEATH		
	PRACE OF DEATH a. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (Where a. STATE 1 ary 1 a	deceased lived, if institution b. COUNTY	Residence before admission) Orchester
	b CITY OR TOWN (If autside carparate limits, write RURAL and aux neuts town)	3 Days	c CITY OR TOWN (II outside of Cambri	carparate limits, write RURAL	and give nearest town)
	d NAME OF HOSPITAL OR INSTITUTION (If not in his Cambridge-Maryland	d Hospital	d. STREET ADDRESS 215 Sc	omerset Ave	e. IS RESIDENCE ON A FARM? YES NO X
j	NAME OF First DECEASED (Type or print) Cecelia	a Tolley		DATE Month OF January DEATH January	
	77 7 44 44 44		a date of Birth April 13,193	last hirthday)	IF UNDER 1 YEAR F UNDER 24 HRS. Manths Days Hours Min
	10a USUAL OCCUPATION (Give kind of work dane during most of working hile, even if retired) Sears, Vail Order D	10b KIND OF BUSINESS OR INDUSTRY	H BIRTHPLACE (County & State Fishing Ca		12 CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME Andrew Toller		14. MOTHER'S MAIDEN NAME Flora Booz		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates af serve	16. SOCIAL SECURITY NO 17 I	NFORMANT	Address	15 Somerset Ave
	1B. CAUSE OF DEATH (Enter only one cause per PART DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave nise to immediate cause (a), stating the underlying cause last. (c)	netastase		with	interval between onset and death 2 years
	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIN	BUTING TO DEATH BUT NOT RELATED TO 1	HE TERMINAL DISEASE CONDITIO	IN GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
	20g ACCCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	Enter nature af injury in Part I	ar Part II of item 1B.)	
	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		CE OF INJURY (Hame, form, ary, street, affice bldg., etc.)	20f (City ar town)	(Caunty) (State)
	21. I certify that (1) (this haspital) saw the deceased alive an		death accurred dis		_, 19 , that (I) (we) last and an the date stated above
	22a SIGNASURE Our m les	rdelle M.C	ATTENDING MED. PHYS DIRECT		1274 S
	NAME (Type) CUIS/NI. 230 BUR AL, CREMAT ON, 23b DATE THEREOF	BUTTERY OR 1	A MUROVAS	7. Columb 23d LOCATION (City or Town	(County) (State)
	REMOVAL SPECIFY Jan. 11	.1-	r Memorial I	Park. Cambr	cidee Md
n	Dewell K. Thou	Cambridge			liarle Judge

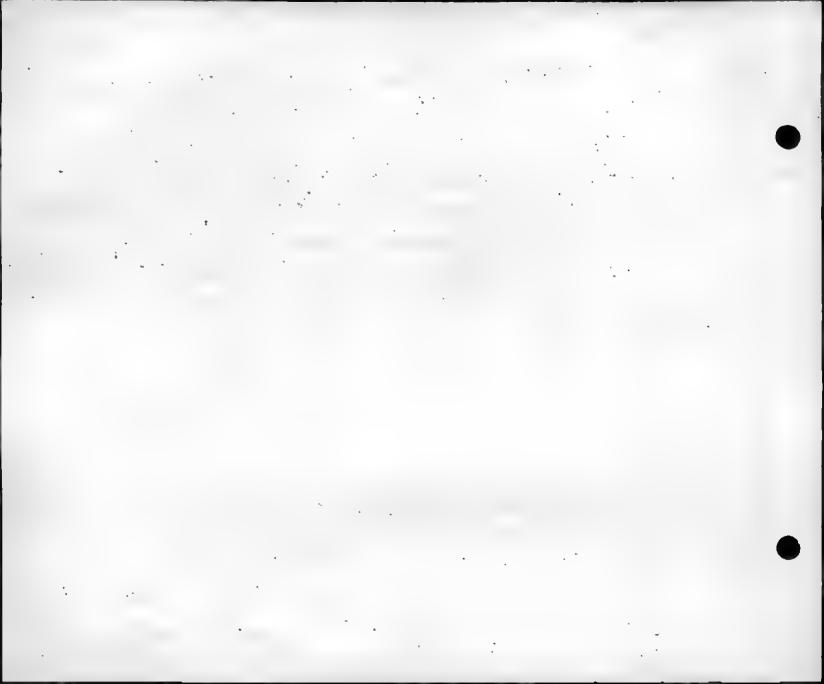
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 34863 00565 CERTIFICATE OF DEATH DECEASED-NAME M.ddle Lost First 2a. DATE OF DEATH 2b. HOUR (Type or print) 11/2/0 6 AGF (In years 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) MONTHS HOURS 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED papeks WIDOWED | DIVORCED [event, within 72 ORC law requires that the death certificate be executed within 24 signed by the attending physician and campletely filled burial-tronsit permit. Then please remave carban pap NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before) 13c CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE NO 🖂 YES XX and in any 14. FATHER'S NAME IS. MOTHER'S MAIDEN/TRAME FIRST / Middle Middle Lost SCOR 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Yes, no. or unknown) (If yes give war at dates of service) -38_ ar removal, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: CONGESTIVE HEART FAILURE HRS IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) 2 Days PNEVMONIA rise ta immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior tal ARTERIOSCLEROSIS. this certificate has been GENERALIZED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🖂 NO far use 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) P.M. / AT HOME, FARM, STREET, FACTORY, \ 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at work O FUNERAL DIRECTOR: After 22a. I **certify** that (I) (this haspital) attended the deceased fram TAN 6, 19, 68 to TAN 7, 19, 68, that (I) (we) last saw the deceased alive an TAN 7, 19, 68, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above, (I) (we) (did) (did not) view the bady after death. should 22b. SIGNATURE 22c. DATE SIGNED ATTENDING director, page 3 should be filed v DIRECTOR PHYS. 22d. PHYSICIAN S 22e. ADDRESS BLAIR NAME (Type) 7415 KILLORAN SEAN 23b DATE 23: NAME OF CEMETERY OR CREMATORY 23d_ LOCATION (City or Town) 23a. BURIAL CREMATION (State) FUNERAL DIRECTOR **ADDRESS** 250 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 30M REV.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36870 CERTIFICATE OF DEATH 00869DECEASED-NAME Middle 2n. DATE OF DEATH 2b. HOUR (Type or print) 3. SEX 4 RACE aw requires that the death certificate be executed within 24 haurs after S. DATE OF BIRTH 6. AGE (In year) IF MNDER YEAR F UNDER 24 HR MONTHS lost birthe HOHRS signed by the attending physician and campletely filled in by bural-transit permit. Then please remave carban papers. Pl 70 BIRTHPLACE (State or fereign 7h CITIZEN OF WHAT 9 COUNTY OF DEATH 8. MARRIED T NEVER MARRIED ban papers. within 72 ha country WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPAT ON (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if letired.) **INDUSTRY** 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13e. STREET AND NUMBER INSIDE GITY LIMITS? 13b COUNTY admission) STATE XX and in any 14 FATHERS NAME Middle M ddle RKE 160, WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address Yes no or unknown) remaval, APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18. CAUSE OF DEATH (Enter only one cause per line for (a), PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) 5 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) attending priar to TO FUNDRAL DIRECTOR: After this certificate has billing 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🔲 YES 📑 use 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) j haspital OR CONTRIBUTING CAUSE OF DEATH Month Day Year HOUR A.M. P.M (If either, notify medical examiner) detached 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street of R.F.D. No. City or Town County State While Not while Page 4 may be retained by the at work at work 22a. I certify that (I) (this haspital) attended the deceased from... 1968 to /-/ox 1968, and that in (my) (aur) apinion death accurred on the date and haur and from the saw the deceased alive anshauld causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE director, page should be filed PHYS DIRECTOR PHYS 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) 230 BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (Stote) (County) RFIELD FUNERAL DIRECTOR ADDRESS VR A15 (4) 30M REV. 1/88 940

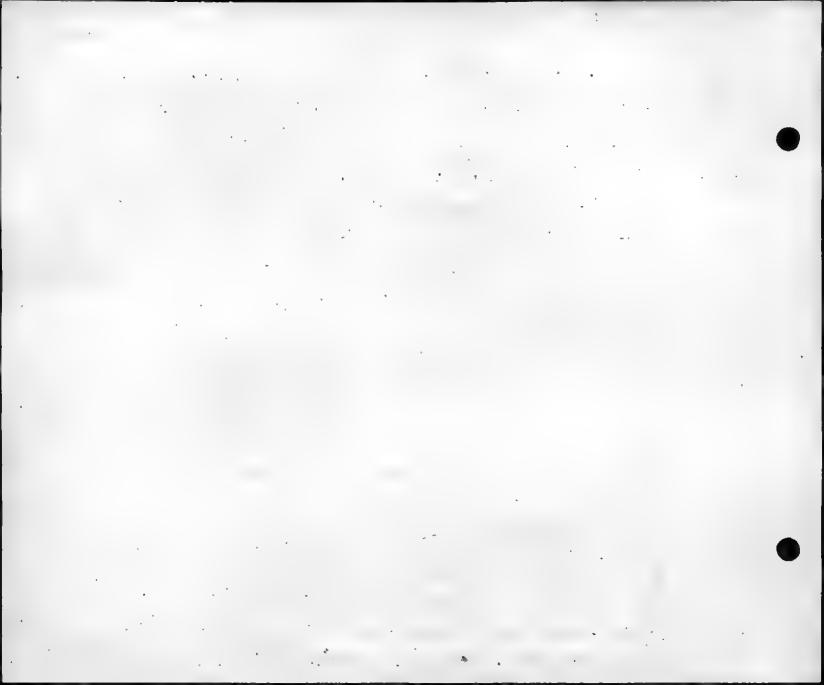


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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

00870

					CEKIIIICA	IL OI DEATI	1			
E 52			TEASED-NAME First	Middle FLORENCE VHEAT		Last		E OF DEATH JARY 23, 1968	Year	2b. HOUR 9 A M
e = = = = = = = = = = = = = = = = = = =)	SE)		4 RACE	<u> S</u>	DATE OF BIRTH	JAPE	6. AGE (In years	1F UNDER 1 YEAR	IF LINDER 24 ISRS.
the state of the s			ENALE	WHITE		7/17/95		last birthday) YRS.	MONTHS BAYS	HOURS MIN.
Thours				CITIZEN OF WHAT COUNTRY?		NEVER MARRIED		Y OF DEATH CHESTER		
n 24 ho			TY OR TOWN OF DEATH	II NAME OF HOSPITAL OR IN	MIDOWED			TION (Kind of work cone	12b. KIND OF I	Md Md
within ban ban ban ban ban ban ban ban ban ba	7	R	URAL CAMBRIDGE	give street oddress) EASTERN SHORE	STATE	Hosp.	most of war	king life, even (f retired)	INDUSTRY	MANUAL DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DE
executed with and campletely remave carbar any event, wi	4	13o l odmis		lived, if institution: Residence before 13b. COUNTY KENT	MILL IN		TY LIMITS? 13.	e STREET AND NUMBER	×	
be exe n and c e remo	*	14. Fr	ATHERS NAME FIRST WALLACE WHEAT	Middle Lost		NOTHER'S MAIDEN NAM ER TRU DE	E First	3 Middle		Lost
ifficate hysiciar n pleas nal, and		16a Ye N	WAS DECEASED EVER IN U.S. ARMED	FORCES? (r dates of service) A17-54-5		ORMANT . HOSPITAL F	RE CORDS	Address		
requires that the depth certificate be executed within 24 hours after death 3 physician. signed by the attending physician and campletely filled in by the funeral signed by the otherwite. Then please remove carbon loapers. Paggs 1 pind is burial-transit permit. Then please remove carbon loapers. Paggs 1 pind is burial, crematian, ar removal, and in any event, within 72 hours (frequential).			DART I DEATH WAS CAUSED &	une cause per line for (a), (b), and (c) Y CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	1821	richo	price	unorus	OFFICE OF	HAYE HYTEVAL MSET AND DEATH I AYS
v renuire ng physic en signec he burial ta burial		2	PART 2. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO	THE TERMINAL DISEASE (
The law re in attending e has been use as the alth priar tal	<i>}.</i>	CERTIFICATION	190. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS P		_	A	Ob IF YES, WERE FINDINGS CO AUSES OF DEATH?		RTIFYING
fical for He		룅	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner	21b. TIME OF INJURY HOUR A.M. Month Day Yea P.M.		V INJURY OCCURRED (E	nter noture of	f injury in Part 1 ar Port 2, It	em 18.)	
has s cel ache		WE	21d INJURY OCCURRED 21e. PL While Not while of work	ACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUHLDING, ETC.				City or Town	County	State
After d be of State			220. I certify that (I) (this sow the deceased aliv couses stated above, (hospital) attended the decear e an 1/23 (I) (we) (did) (did not) view the	sed from 19_68, and body ofter de	that in (my) (our) oth.	9 <u>57</u> , to opinion dec			(I) (we) lost and from the
l OR ATTE be retaine DIRECTOR ge 3 shaul			22b. SIGNATURE	uduby,	DEGREI	1,11.5	MED DIRECTOR	STAFF PHYS.	AFF SIGNED /	; 8
SPITAL 4 may IERAL ar, pa d be fi	1		22d. PHYSICIAN'S NAME (Type)				BRIDG		LAND	
Page 4 m Page 4 m TO FUNERA director, I should be	1				CEMETERY OR C	CHAPEL	LR	CATION (City or Town)	(County)	(Stote) ME
VR A15 (4) 30M REV 1/0	58	24	SUNDRAL DIRECTOR	& Church Sil	Sel no	2So. REC	D BY REGISTR	1968 256 REGISTRAR S	SIGNATURE	S.C.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	CEASED-NAME ype or print)	First HOWA	IRD	Middle	WHI	Last EATLEY		2a. DAT	Month Jan. 22	2b. HOUR
3 SE	X Male		4. RACE W	nite		S. DATE OF	29, 190	08	6. AGE (n years last bythday) YRS	FUNDER 1 YEAR OF UNDER 24 MR MONTHS DAYS HOURS ME
7a E cour	BIRTHPLACE (State or strive) Marylan	fareign 7	b. CITIZEN OF WH		8. MARRI WIDOW	ED NEVER MA	RRIED .	9. COUNTY	orchester	
10. C	ITY OR TOWN OF DEA Hurlock	TH	11. NA Be .	ME OF HOSPITAL OR INS LLO Haven	Murs:	lf not in haspital			TION (Kind of work dane king life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY None
13a. admi	USUAL RESIDENCE (W ssion) STATE Md	here deceased	lived, if institut 13b. COUNTYD	on Residence before		or Town bridge	YES NO	A1157 134	431 Race St	rest
14. F		abez	M:ddle	Wheatle	y	15. MOTHER'S A	MAIDEN NAME FO	icy	Middle	Mills Lost
160. Y	WAS DECFASED EVER es, ac ar unknawn)		D FORCES? or dates of service)	166 SOCIAL SECURITY N	10 01	7 INFORMANT Mrs. Be	rtie Car	nnon,	Cambridge,	
	1B. CAUSE OF DEAT PART 1. DEATH		BY: E CAUSE (a) I		, T.	ype				APPROXIMATE INTERVAL BETWEEN ONSTI AND DEATH 3 days
	Canditians, if any, we rise to immediate stating the underly last	cause (a), ((b) De	S A CONSEQUENCE OF Bility S A CONSEQUENCE OF LOW RIBGE			estive	has	rt Disaca	63mos
	PART 2. OTHER SIGN	IFICANT COND		TING TO DEATH BUT NO			AL DISEASE ORCO	NOITION	GIVEN IN PART 1(a)	
CERTIFICATION	19a. DATE OF OPERATI	ON 196 C	ONDITION FOR WH	CH OPERATION WAS PE	RFORMED	20a. AUI YES			Ob. IF YES, WERE FINDINGS C AUSES OF DEATH?	ONSIDERED IN CERTIFYING
MEDICAL CER	21a. ACCIDENT WAS DR CONTRIBUTING [CAUSE OF DEATH	HOUR A.M.	INJURY Manth Day Year	[. HOW INJURY O	CCURRED (Enter	nature of	injury in Part 1 or Part 2,	Item 1B.)
ME	at work			AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC					City or Town	Caunty State
	22a. I certify th saw the de causes stat	ot (I) (this	hospital) otto ve on 22 (1) (we) (did)	nded the deceose 68 (did not) view the	ed from. 9, body oft	ond that in (i er death.	2, 19 my) (our) opii	, to nion dec	1/2:/08 , 19 oth occurred on the do	, that (I) (we) k ote ond hour and from t
	22b. SIGNATURE	leve	(5.1	Lemm		EGREE PHYS	ام لپا	ED. RECTOR	STAFF	DATE SIGNED
230	NAME (Type) BURIAL, CREMATION, REMOVAL (Specify)			tummer M. 23c NAME OF Dorches		P.	·Box#		Preston	
				, Cambrid				Y REGISTR	AR 2Sb. REGISTRAR'S	

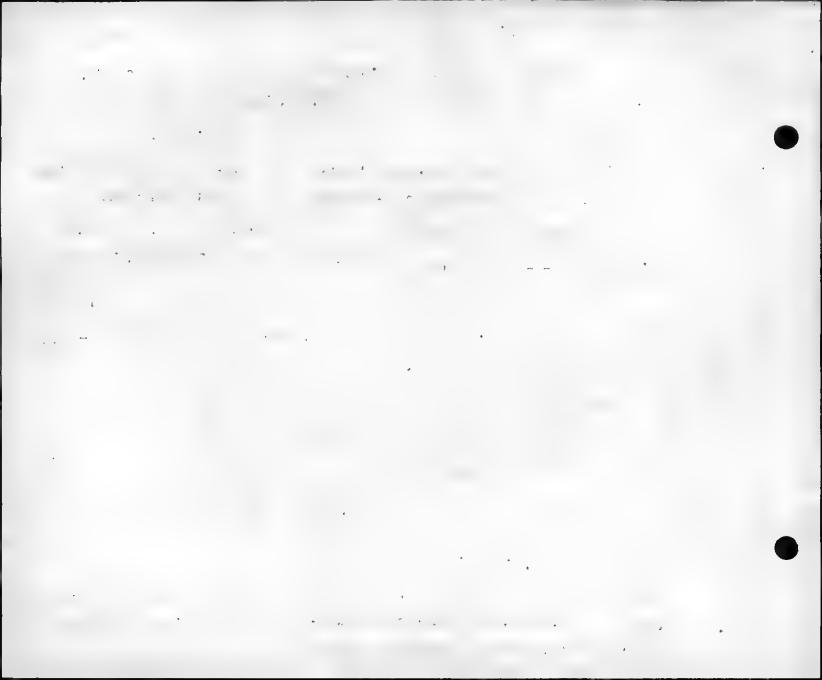
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: Affer this certificate has been signed by the attending physician and completely stilled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon page should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, withher?

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hours

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VR A15 (4) 30M REV 1/68



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00872

					CEKIIII	CAIL OI	PLAIII					47	~ " " "		
	CEASED-NAME	First		Middle		Last		2a. DA	ATE OF DE					2b. H	OUR
- [1	ype ar print)	Anni	e El	.izabeth	Wilk	ins				_Month Jan.	26	, 1 ^y	\$68	2	A
3. SE	Χ		4. RACE			S. DATE OF E		· · · · · · · · · · · · · · · · · · ·	6.	AGE (In years	l li	f UNDER I	1 YEAR	IF UNDER 2	
	Fema]	_e	Negr	0		4/13	/1893	3		last birthday)	YRŞ. MI	ONTHS	DAYS	HOURS	WH
	SIRTHPLACE (State	ar fareign	7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIEI	NEVER MA	RRIED[]	1	TY OF DE						
D	orchest	ter	USA		WIDOWE	DIVO	RCED X	Do	orch	ester					M
10. C	ITY OR TOWN OF	DEATH		AME OF HOSPITAL OR IN			12a. USL	JAL OCCUP	ATION (Ki	ind of work do e, even if retire	one ed.)	12b. K INDUS		USINESS ()R
	Cambrid			street oddress) LMDT10ge			Ta	pore	er			Noi	ne		
13a. admi	USJAL RESIDENCE Issign) STATE	(Where decease		ian Residence before	4	ridge	YES N N			t and number Tashii		on	St	ree	t
	ATHER'S NAME	First	Middle	Lost		IS. MOTHER'S N	IAIDEN NAME			Middle				Last	
	Samuel	Wilki	ns	6		Sara	h Cl	ash							
I 6a	WAS DECEASED E	VER IN U.S. ARM	ED FORCES?	16b. SOCIAL SECURITY		INFORMANT				Addres	s Ca	mbi	rida	ge,l	Ma
Υ	es, na, ar unknawr	(IT yes give we	or or dates of service)	214-07-7	539A	Samu	el Wi	lkir	ns,J	r.728	.Ja	sh.	ing	ton	Ŝ
	18. CAUSE OF D	EATH (Enter onl	y ane couse per li	ne far (g), (b), and (c))					_		BE	APPROX.MU	ATE INTERVA SET AND DE	L ATH
	PART I DEA	TH WAS CAUSED	BY: TE CAUSE (a)	Adenac	400	Jama	0 00	adon	a esk	2025/10					
	13	HAMEDIA		AS A CONSEQUENCE OF			7								
	Canditians, if an	y, which gave)	•	A CONSEQUENCE OF											
	nse ta immedia		(b)	AS A CONSEQUENCE OF						-		+			
	stating the und			D A CONSEQUENCE OF											
	/ / /		(t)	ITING TO DEATH BUT N	OT DELATED	TO THE TERMIN	AL DISEASE OR	CONDITION	M CIVEN II	M DADT 1(a)					
	FART 2. OTHER 2		OTTORS CONTRIBU	-0 113/22	- KELNIED	TO THE TERMINA	AL DISLASE OR	CONDITION	o oracia ii	a takt i(o)					
J.O.	19g. DATE OF OPE	PATION Table	CONDITION FOR WI	IICH OPERATION WAS PE	PEORMED	20a. AUT	CV2QC	1:	20h JE YE	S. WERE FINDIN	GS CON	SIDERE	D IN CER	TIEVING	
CERTIFICATION	THE DAIL OF OTE	CALICUIT 17D. 1	CORDINATION III	IICI VILKAIIGII HASIL	KIOKINED	YES [X			CAUSES OF		OJ COM	JIVERE	D III CEN	III IIII O	
CERTI	21a ACCIDENT V	VAS LINDERLYIN	G 21b. TIME O	FINITIRY	217	HOW INJURY OF			of inverse i	in Port 1 or Par	rt 2 Itau	m 181			
3	ar contr buting	CAUSE OF DEATH	HOUR A.M.	Manth Day Year		11011 110001 01	COUNTS ITHI	er norure t	at injury i		I A, IIG	,			
MED	(If either, natify 21d. INJURY OCC			AT HOME, FARM, STREET, FA		I OCATION Com	ot or D C D M	la.	City ar	Town		Caunty	,	Sto	nt o
	While Nat w	rhile 🖳	PLACE OF INDUKT	OFFICE BUILDING, ETC.	211	LOCATION SITE	REFORKT.D. N	iu.	city of	IOWII		coonty	,	310	116
	at wark — at w	ark —	e hacnital) att	ended the deceas	nd from	F 20	→ 104	5-09 to	n 1-	26-	19 €	R	that /	(I) (wo) In
	saw the	deceased al	live an	1- 26-	963 . a	nd that in (n	ny) (gur) na	pinian de	eath acc	urred an th	e date	and	haur a	nd frar	n th
	couses s	tated above	, (I), (we) (did)	(did nat) vi) w the	bady afte	r death.	.,, (, -								
	22b. SIGNATURE	16	10 1			ATTEND	INC —	MED.	5	STAFF -	22t DA	TE SIGN	NED / 6	0	
		14	with	land	DE	GREE PHYS		DIRECTOR		PHYS.	ł	12	(/0	Ö	
	22d PHYSICIAN'S NAME (Type	-	70	77 1.4		22e AD	DRESS		α -	. 7 7		70	"		
	want () lbe									ubrid				and	
230	BURIAL, CREMATI	ON. 23b. [23c. NAME OF		R CREMATORY		1		(City or Town)		(Count		(State)	
	REMOVAL (Specify		/28/68	Beth				Ca	ambr	idge :	Dor	ch	est	er :	Md
24.	FUNERAL DIRECTO			42 Address			2So REC'D	BY REGIST	0 19	25b. REGIST	AR'S SI	GNATUI	RECLER	de.	
	Barban	ca L.	Dashlel	Rastor	l, ar	yland	DATE JA	9	V 101	40	-		11	0	

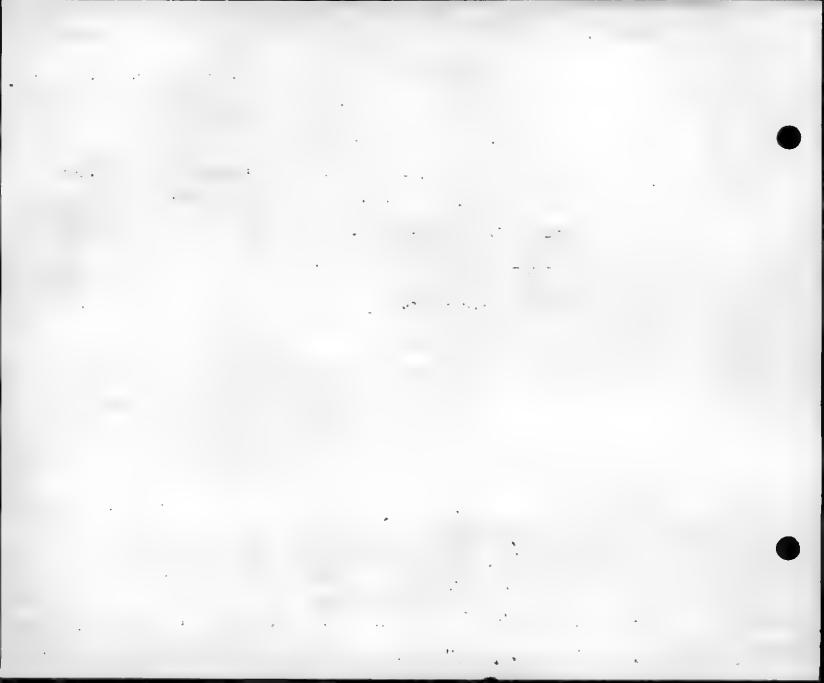
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VR A15 (4) 30M REV 1/68



24. FUNERAL DIRECTOR

250, REC'D BY REGISTRAR



00875

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

00874

			CENTILICATE OF DEATH		OCOLI
	CEASED-NAME Pirst ype or print) Cyrt:	Middle	Wolf+	20. DATE OF DEATH Clan. Month	Day Year 2b. HOUR
3. SE		4. RACE	S. OATE OF BIRTH	6. AGE (In years last burthday)	IF UNDER 1 YEAR OF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	IRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED		YRS.
coun	Jest Viroinia	U.S.A.	WIDOWED DIVORCED	Norchest	EV: M
90 6	turlock Md	give street address)		JSUAL OCCUPATION (Kind of work do g grost of working life, even if retire	
	USUAL RESIDENCE (Where, decease ssian) STATE M.	ed lived, if institution: Residence before	13 GTY OR NOWN 13d. INSIDE C	NO 13e. STREET AND NUMBER	0
/ 14. F	ATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAM		Talbot
	WAS DECEASED EVER IN U.S. ARN es no pr unknown) (Il yes give w	ED FORCES? or or dates of service) 16b. SOCIAL SECURITY 217-361	NO. 17. INFORMANT 117-1 DOVIS WO	14-Rhodesda	* Md.
	PART I. DEATH WAS CAUSED			by titre	APPROXIMATE INTERVAL BETWEEN DISET AND DEATH OUR SET
√	470 X IMMEDIA	DUE TO OP AS A CONSEQUENCE OF			10yrs
	rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			25 yrs
	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT I			1 2 7 2
×		atic Hypertroph			
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P		20b. IF YES, WERE FINDIN CAUSES OF DEATH?	IGS CONSIDERED IN CERTIFYING
MEDICAL CER	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin	H HOUR A.M. Manth Day Year		Enter nature of injury in Part 1 or Pa	rt 2, (tem 18.)
MED		PLACE OF INJURY (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.		. No. City or Town	County State
	22a. I certify that (I) (the	s haspital) attended the deceasive an	sed fram 1-19, 1 1968, and that in (my) (aur)	968, ta 1-27 apinian death accurred on th	, 19 <u>68</u> , that (I) (we) lo e date and haur and fram th
(228. SIGNATURE		ATTENDING	MED. STAFF	22c. DATE SIGNED 1/29/68
enter.	22di PHYSICIAN'S NAME (Type) haro	ld B.Plummer II.	220 ADDRESS	n Maryland	121/00
230	BURIAL, CREMATION, 23b. (REMOVAL (Specify)		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
24.	FUNERAL DIRECTOR	ADDRES		D BY REGISTRAR 25b. REGISTI	RAR'S SIGNATURE

